Understanding Feline Aggression

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To understand aggressive cats we must not only have a good understanding of their natural behaviour but also understand the purpose of agonistic behaviour and the potential motivations underlying it \textit{i.e. we must make a diagnosis}.

We must also understand:

- The constraints their environment imposes upon these cats
- Why prevailing conditions (environment & management) &/or past experiences lead them to adopt aggression \textit{or prevent them from adopting other tactics}

In the face of a potential threat or stressor – \textit{which may be perceived rather than real} – a cat has four strategies available to it:

\textbf{These are known as the four F's}

\textbf{Flight}
- Includes retreat, avoiding and hiding
- Preferably in elevated, dark places
- Is usually the preferred option

\textbf{Fight}
This is generally adopted if:
- The challenge feels overwhelming
- The cat has 'nothing to lose'
- In defence of young &/or resources
- It has become a learned strategy that usually brings 'success'

\textbf{Faff/fiddle}
- Displacement activity – grooming, eating

\textbf{Freeze}
- The animal tries hard not to draw attention to him/herself

\textbf{Aggression – the important issues}

It should always be remembered that aggression is in fact adaptive and a normal part of the feline behavioural repertoire with much aggressive display, using body posture, facial expression and staring as distancing tactics, being designed to increase distance between individuals and avoid active aggression.

It is also often misunderstood by owners who may:
- Label aggressive cats as ‘nasty, spiteful, bad etc’
- Miss signs of arousal during interactions with their cats and/or low grade intimidation of con-specifics
- Regard aggression as inconsequential
- Interpret competition for resources as ‘dominance’ behaviour
- Regard an actively aggressive cat as a ‘top cat’ in a group rather than the stressed individual he/she often is
- Misunderstand ‘play fights’ between adult cats

Many people also just give up on aggressive cats and relinquish them.

Few owners actively seek help unless or until problems become inconvenient or distressing to them or circumstances change e.g. a new partner or baby arrives.

Therefore, we need to become adept at identifying other indicators, highlighting issues and offering help. It is especially important to identify problems early, for example when first seeing newly acquired pets and asking questions that may highlight risk factors, such as poor early experiences or a history of problem behaviour.

In addition problems can be picked up every day during routine consultations. For example when dealing with ‘high risk’ cats such as those that are poorly socialised or from multicat households a little interest may reveal that owners are overlooking or struggling with problem behaviours or do not realise they could get help.

Aggression may also be identified as an issue when dealing with other behaviour problems such as house soiling or cats roaming away from home and when treating such stress related conditions as feline idiopathic cystitis, psychogenic alopecia or pica, including ‘comfort eating’.

It is particularly helpful to be on the look out for throw away remarks for example when treating fight wounds – ‘we blame his brother’.

**Identifying and classifying aggression**

Much debate has concerned the definition of aggression, which is often multifactorial, but for practical purposes it makes sense to simply define it in terms of the target and underlying motivation(s).

Active aggression may be offensive or defensive in nature.

Aggression may be active or passive e.g. urinary spraying, staring or body blocking is intimidating for other cats.

Triggers include both external and internal factors – hence the need for a thorough medical examination as illness and pain can have a profound effect on emotional wellbeing.

Aggression may be predictable or unpredictable.
Heightened arousal – both physiological and psychological – tends to lower the threshold at which aggression is seen.

Fear, anxiety, stress, frustration (mental and physical) and motivational conflict can all contribute to high arousal and lowering of the aggression threshold.

Once a strategy has been ‘successful’ it is likely to be repeated with increasing speed and intensity.

**Indicators of arousal**
- Muscle tone
- Body posture
- Facial expression
- Whisker position
- Pupil dilation/constriction
- Tail position and movement

Once cats have reached the ‘point of no return’ vocalization using strained intensity sounds made with the mouth open in a fixed position is also seen. These include:

- Hissing
- Splitting
- Growling
- Snarling
- Shrieking – which is the end point aimed at escape by inducing the opponent to loosen his/her grip

**Aggression involving people**
Can be motivated by:

- Fear
- Anxiety
- Frustration

People can also be affected:

- Accidentally – as when they try to intervene in an agonistic incident between cats
- By re-directed aggression e.g. induced by proximity to other people or pets

Possible causes:

**Fear** due to:

- Poor socialisation
- Aversive experiences
- Poor handling
Anxiety

e.g. signs of imminent preventive treatment or veterinary visits

Frustration

This can arise if there is a delay in receiving an anticipated result such as food, play or petting (if desired), access to a room etc.

It has been asserted that hand-rearing methods can fail to teach cats to cope with frustration later in life and anecdotal evidence appears to support this. Being raised as an only kitten also appears to put cats at greater risk of dealing badly with frustration.

Another syndrome previously called ‘petting and biting syndrome’ or ‘petting induced aggression’ (preferred term ‘aggression associated with human interaction’) has been identified.

Misdirected predatory behaviour

Previously this was incorrectly categorized as aggression.

It can be seen when appropriate outlets for predatory behaviour are lacking but is often the product of inappropriate play behaviours with kittens when people encourage them to engage with moving fingers and toes. The human response when they grow bigger and cats hurt tends to reinforce the problem.

Inter-cat aggression

This is an increasingly common problem in both multicat homes and areas where the local feline population is high.

Aggression between cats can be active or passive. The latter, often overlooked or misunderstood by owners, may be seen as:

- Urinary spraying
- Staring
- Control of others by physically blocking movement e.g. access to litter trays/cat flaps or food bowls

Underlying motivations can be:

- Fear/anxiety – this often leads to competition for resources
- Frustration – this often leads to competition for resources
- Predatory behaviour – this often leads to seeking out and/or stalking other cats
- Play – mis-directed towards a con-specific
- Re-direction of arousal – from another source e.g. unwanted owner attention, visitors
- Territoriality – inside or outside home environment – e.g. indoor only cats seeing others through windows, or detecting intruding scents
- Despotic behaviour – a particular cat seeks out and terrorizes others
• Sexual behaviour – in un-neutered animals
• Maternally defensive behaviour

Contributing factors
• Lack of understanding of feline behaviour
• Unrealistic owner expectations
• Unsuitable choice of cat ‘personalities’
• Poor introduction procedures
• Lack of space
• Lack of resources
• Inappropriate management e.g.
  – ‘One big happy family’ in multicat homes
  – Humans imposing unwanted attention

• Lack of recognition of household stressors e.g. visitors, builders, house moves, new additions
• Use of positive punishment
• Veterinary visits

Approaching an aggression case
• Thorough medical work up
• Treatment and/or management of any identified disease/chronic conditions
• Owners to seek medical/veterinary advice if injuries sustained

• Assessment of risk e.g.
  – Is it safe to leave cat in situ?
  – What alternatives are safely available?

  – How likely is it that for example:
  – The aggression will be repeated
  – First aid measures will be successful
  – Owners will actually instigate & carry them out etc.

‘First aid’ advice

This should include the following:

• Prevention of deterioration of the situation
• Measures to protect humans and other pets

Possible measures

• Complete cessation of punishment – and negative reactions to problem incidents
  N.B. watch water pistols
• Prevent the cat having contact with the ‘target(s)’ – this may range from simply avoiding petting the animal to hospitalization or sending the cat to a cattery
• ‘Take pressure off cat’ – e.g. minimum handling, no attempts at reassurance, provide more refuges
• Especial care at times of high arousal e.g. meals, ‘dawn & dusk’, visitors
• ‘Emergency’ equipment to hand for accidental meetings e.g. thick blankets, owners to wear heavy clothing – boots to protect lower legs and feet
• Extra separate facilities for owner protection and in multicat groups – include measures for distraction and deflection e.g. plentiful supplies of throwing toys such as balls or wine bottle corks – carried on the person to attract the cat’s attention away from individuals
• Pheromone therapy – *where appropriate* i.e. if stress or anxiety are features of the cat’s emotional state

It is also helpful whether the case will be dealt with in-house or by referral to suggest owners keep a diary of events, what they do and how this affects the cat’s behaviour. This aids diagnosis and by giving people something other than the cat to focus on can be a useful means of defusing communal tension. Video is also useful so long as request for owners to record what happens does not result in them deliberately behaving in a manner that stresses their pets and/or puts anyone at risk. Photographs of specific incidents and the environment before any advised changes are made is an additional ‘tool’ that can be of assistance with diagnosis.

Relinquishment and/or euthanasia should also be considered if the welfare of the individual animal is severely compromised to the point where its quality of life is beyond restoration, the situation poses unacceptably severe risks to others or the owner-pet bond has reached the point of no return and no reasonable re-homing option is possible. It is not appropriate for any professional to force an owner to continue in a relationship with a pet in the face of overwhelming opposition from the client. The animal is likely to be the loser and owner co-operation and compliance is essential for any successful behaviour consultation and remedial programme.

**Investigation of the problem behaviour** – requires:

• All potentially useful background information, such as:
  – Household composition – human and animal
  – Individual personalities & life histories
  – Details of routine management
  – Physical & social conditions at onset of the aggression
  – Any owner identified inciting causes
  – Changes since inception of problem – especially styles of interaction

Plus:

• Nature of the aggression – *and correct interpretation*
• Frequency
• Predictability – when it occurs
• Specific locations
• What happens before, during, after incidents – how does the cat look?
• Human reactions – and of other pets
• Changes with time and/or first aid measures
• What has been tried – has it been successful or failed, why – can we tell?
• Any other problems?
• Why seek help/a consultation now?
• What is hoped for – realistic expectations are essential

N.B. all potential contributing factors must be identified & all possible preventive measures instigated to avoid future difficulties once resolution is achieved

Potential solutions

Effective treatment (if this is actually possible) – usually requires some or all of the following:

• Improved understanding of species’ needs and those of the affected cat(s) in particular – accurate analysis of cat’s personality, behaviour and relationships etc
• ?More realistic expectations?
• Eliminating or reducing the effects of any identified stressors
• Environmental enrichment/changed management practices/changed handling and interactional style
• Appropriate means of intervention in aggressive incidents – only if really necessary – aim is to reduce motivation and problem incidents
• Deal with other age related and/or medical problems
• Deal with other behavioural issues – and other affected individuals?
• Desensitisation and counter-conditioning
• Clicker and target training
• **Pheromone therapy** – only if appropriate for stress &/or anxiety
• **Neutraceuticals/calming diets**
• **Psycho-active medication** - care with dosing (owners’ safety) and side effects e.g. drugs that disinhibit aggression

N.B. those marked ** are adjuncts to behavioural therapy that is based on accurate diagnosis.

Referring feline behaviour cases

When the expertise, interest and time are not available in-house referral should always be offered.

Cat owners are often keen to pursue the behavioural route but do not know how to do so or who to approach. This information should be readily forthcoming from their first opinion practice where medical examination should initially be performed to rule out and/or treat any existing conditions.
Interest in a behaviour case reflects well on any general practice as does prompt referral with all relevant paperwork and good communication with the veterinary behaviourist or non-veterinary feline behaviour counsellor to whom the case is passed.

Cats are under increasing pressure as a result of which more of them are at risk of developing behaviour problems, which represent compromised quality of life and welfare. Working together the general practice team and feline behaviourist have the opportunity to make a positive impact on the cat’s wellbeing and the owner-pet relationship, which is often severely strained as a result of problems of this nature.

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Professional organisations

The following run accreditation schemes:

Association for the Study of Animal Behaviour – http://asab.nottingham.ac.uk

Association of Pet Behaviour Counsellors – www.apbc.org.uk

Useful websites

International Cat Care – www.icatcare.org

Cats Protection – www.cats.org.uk

Sound therapy for pets – www.soundtherapy4pets.com

Behavioural organisations

British Veterinary Behaviour Association – membership gives the advantage of access to the Journal of Veterinary Behavior – Clinical Applications and Research www.bvba.org.uk

European Society of Veterinary Clinical Ethology www.esvce.org

Further reading


Bowen J and Heath S (2005) *Behaviour Problems in Small Animals, Practical Advice for the Veterinary Team*
W B Saunders, Edinburgh

BSAVA Publishing, UK

Horwitz D F & Neilson J C (2007) *Canine and Feline Behavior*
Blackwell’s *Five Minutes Veterinary Consult Clinical Companion*
Blackwell Publishing, USA

Springer, The Netherlands

Cambridge University Press, UK