



Aggression by Dogs toward Familiar People

Basics

OVERVIEW

- Aggression (such as growling, lip-lifting, barking, snarling, snapping, lunging, biting), usually directed toward household members or people with an established relationship with the dog in situations involving access to valued resources (such as food or toys)
- Also referred to as “dominance aggression,” “status-related aggression,” “conflict aggression,” or “competitive aggression”

GENETICS

- Breed bias or predilections exist; pedigree analyses have shown increased occurrence in related dogs
- Mode of inheritance is unknown

SIGNALMENT/DESCRIPTION OF PET

Species

- Dogs

Breed Bias or Predilections

- Spaniels (English springer and cocker), terriers, Lhasa apsos, and rottweilers, but may be exhibited by any breed

Mean Age and Range

- Usually manifested at the onset of social maturity (12–36 months of age); may be seen in young dogs

Predominant Sex

- Male dogs (castrated and intact) more commonly are presented with aggression toward familiar people than are female dogs

SIGNS/OBSERVED CHANGES IN THE PET

- Aggression often seen around resting areas, food, toys, handling (including petting), and reaching toward favorite possessions, including people
- Aggression usually is directed toward household members or persons that have an established relationship with the dog
- Aggressive behaviors may be seen in other contexts, including (but not limited to) defense of territory, when dogs are reprimanded or denied access to items or activities, and toward unfamiliar people
- Aggression may not occur every time dog is in a certain situation and may not be directed uniformly toward each person within the household

- Stiff body posture, staring, head up, ears up and forward, or tail up usually accompanies aggressive behavior; a combination of these postures may be seen with more submissive postures (for example, tail is up but ears are tucked, eyes averted), which may represent an element of conflict, anxiety, or fear in the dog's motivation
- Dog may seem to be “moody” and this behavior may be a key to judging when the dog is likely to be aggressive in a given situation
- In early episodes, dog may show fear through eye aversion, tail tucking, and avoidance; these fearful behaviors may diminish as the dog becomes more confident that aggression will change the outcome of the situation
- Anxiety may be noted in pet-owner interactions and other situations, such as owner departure or novel situations
- Some dogs control their environment using aggression only because it is effective but are anxious about every encounter, while other dogs appear confident and secure
- Generally the dog does not have any physical abnormalities related to the aggressive behavior; however, medical conditions, especially pain, may contribute to the expression of aggression

CAUSES

- May be part of a normal canine social behavioral repertoire, but its expression is influenced by environment, learning, and genetics
- The manifestation of aggression may be influenced by underlying medical conditions, early experiences (learning that aggression works to control situations), inconsistent or lack of clear rules and routine within the household and within human-pet interactions
- Aggression rarely is a sign of medical conditions; however, contributory medical conditions must be ruled-out, since illness and/or pain may influence the tendency for aggressive behaviors

RISK FACTORS

- Inconsistent or inappropriate punishment and inconsistent owner interactions may contribute to the development of conflicted and/or aggressive behavior
- Medical conditions, especially painful ones, may contribute to the expression of aggression; extreme caution should be taken when the veterinarian examines dogs that show aggression—including the use of muzzles or other humane restraint devices

Treatment

HEALTH CARE

- Outpatient behavior modification and medical management, as needed
- Avoid situations that might evoke aggression; identify specific situations to avoid—do not allow the dog on furniture; do not give valuable treats or toys (such as rawhides); pick up toys and control playtime and activity; limit physical contact with the dog, including petting
- Do not physically punish or reprimand the dog
- Treatment is more likely to be successful if a period of preventing exposure to aggression-provoking stimuli is instituted prior to behavior modification
- Teach the dog to comfortably and safely wear a head halter (such as a Gentle Leader) with a lightweight 8- to 10-foot leash attached and a basket muzzle, whenever in contact with people—makes controlling potentially dangerous situations easier and safer
- Use the long leash to safely remove the dog from situations that may elicit aggression; do not reach for dog directly
- Behavior modification—use non-confrontational methods to teach the dog to view people as leaders and reward-based training techniques to teach the dog to obey commands from people without the dog experiencing conflict or becoming aggressive
- Affection control—require the dog follow a command before receiving anything it desires from people (also known as “Nothing in life is free” or “Learn to earn”)—for example, the dog must sit or lie down before feeding, petting, play, or going for a walk
- For initial 2- to 3-week period, owners should give the dog attention only during brief, structured (for example, command-response-reward) periods; at other times, they must ignore the dog, especially if it is soliciting

attention

- Use positive reinforcement (such as food, toys, play, petting) to teach behaviors that are incompatible with those that have resulted in aggression—for example, teach an “Off” command to move off furniture or “Drop it” command to release toys
- Desensitization and counter-conditioning—technique used to decrease reactivity to situations that have resulted in aggression in the past (dog may need to be muzzled for safety); do not begin until the owner has assumed a greater level of control over the dog through affection control and reward-based training; the dog is first taught to sit and relax on a verbal command in neutral locations using food rewards; gradual exposure of the dog to a greatly reduced stimulus is attempted, so no fearful and/or aggressive reaction is elicited; the non-fearful and non-aggressive behavior is rewarded; the level of stimulation gradually is increased, staying below the threshold that would result in fear and/or aggression; *progress is slow and careful; monitoring of responses is essential*

ACTIVITY

- Appropriate physical activity may help decrease incidences of aggression

DIET

- Low-protein/high-tryptophan diets may help reduce aggression but are unlikely to make a significant difference without behavior modification

SURGERY

- Neuter intact males
- Females that start to show dominance aggression at less than 6 months of age may be less aggressive when mature if not spayed

Medications

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive

- No medications are approved by the federal Food and Drug Administration (FDA) for the treatment of canine aggression
- Owners must be aware that the use of a medication is off-label and be informed of potential risks and potential side effects
- Signed informed consent forms are prudent
- Before prescribing medication be sure that owners understand the risks involved in owning an aggressive dog and will follow safety procedures and not rely on medication to keep others safe
- Never use medications without behavior modification
- Medication may not be appropriate in some family situations, such as those with small children, family members with disabilities, or immunocompromised individuals who are unable to develop a normal immune response
- Medications that have been used in treating canine aggression include selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine, paroxetine, sertraline; and tricyclic antidepressants (TCAs), such as clomipramine

Follow-Up Care

PATIENT MONITORING

- Owners often need ongoing assistance with behavior cases, especially aggression
- At least one follow-up call within the first 1–3 weeks after the consultation is advisable; provisions for further follow-up either by phone or in person should be made at that time

PREVENTIONS AND AVOIDANCE

- Continued avoidance of situations that lead to aggression (known as “aggression triggers”) may be necessary; “triggers” are situations or things to which the dog reacts, leading to aggressive behaviors

POSSIBLE COMPLICATIONS

- Human injuries; surrender of dog to animal control or animal shelter; euthanasia of dog

EXPECTED COURSE AND PROGNOSIS

- No cure exists; prognosis for improvement is better if aggression is at a low intensity and occurs in relatively few predictable situations; prognosis is highly dependent on owner compliance
- Treatment recommendations are lifelong
- Owners may see recurrence of aggression with treatment lapses

Key Points

- Successful treatment, as measured by a decrease in aggressive incidents, depends upon the owner's understanding of basic canine social behavior, the risks involved in living with an aggressive dog, and how to implement safety and management recommendations
- *Preventing human injuries must be the first concern*
- Treatment is aimed at controlling the problem, not at achieving a “cure”
- Owners must be aware that the only way to prevent future injuries is euthanasia
- It is very important that owners are educated about the risks of using physical punishment and training techniques that rely upon owners learning to “dominate” their dogs; the improper and inappropriate use of physical punishments/dominance techniques ranging from corrections with choke chains to so-called “alpha rolls” to setting up situations to provoke and then correct aggression can lead to human injury, increased aggression, an increase in anxiety, and a disruption of the human-animal bond

Notes

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