

HUMAN-DIRECTED FELINE AGGRESSION: WHY CATS BITE & SCRATCH

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Human-Directed Aggression in the Cat

Categories include: play, fear, petting intolerance, redirected, pain and sexual.

Play Aggression is the most common cause of aggression directed at people, especially in young cats. It is usually, but not necessarily directed to moving stimuli and it may be directed only to some members of the household. In play, the cat approaches victim, crouches in wait, stalks, and chases – with tail twitching and a focused stare. The ears are forward, not back. Play aggression is often seen in the cat that was hand-raised as a kitten – it did not learn how to play appropriately. There may be a history of using hands or feet to play with the cat and there may be inadequate opportunity for acceptable play.

Fear Aggression is also a common cause of aggression directed at people. With fear, the cat's ears are back with the body and tail lowered. The cat tends to avoid the person or persons that the aggression is directed at. The aggression occurs when the cat is approached, reached for, or groomed. There may be a history of poor socialization or feral living. However, it can occur in any cat, any breed, in either sex, and at any age – regardless of neuter status.

Petting Intolerance

Petting intolerance can be seen if the owner initiates petting and/or after a certain amount of petting. The cat will turn around and “attack”. This occurs in both males and females at any age and the cause is controversial. It *may* be status related. Cats primarily groom each other on the head and neck, so being groomed or petted on other parts of the body may contribute to this problem. The cat usually signals its “displeasure” by twitching its tail and skin. Its ears are usually back and it may emit a low growl. Watching for these cues and stopping the petting before they occur is key.

Redirected Aggression

This occurs during interference in situations which have caused the cat to become aroused such as a cat fight, a household dog being aggressive to the cat, etc. It involves being denied access to a primary target. The resultant aggression is then redirected onto another target.

Pain Aggression

This is something that we are all likely to see commonly in practice. A cat in pain is likely afraid, so that adds to the possibility for aggression. Try to see things from the cat's perspective... If the cat is acutely painful, implement analgesia therapy as quickly as possible. For chronic conditions [ear infections, eye diseases, skin allergies] that require long-term and/daily administration of medications it is important that the owner try to make the medicating as “good” a thing as possible. For ear medications, have the owner use the “baby bottle” method to warm the medication and perhaps apply it to a cotton ball first – instead of just pouring the cold liquid into the ear. Pair the medicating with a special treat so that the cat doesn't run and hide every time it sees the “bad bottle”. Have the owner engage with the cat at other times – so that the human/animal bond stays strong. The bottom line is to address and treat the underlying disease so that it isn't a lingering issue.

Sexual Aggression

The cat mounts the owner's limb, grabs the skin, initiates pelvic thrusting, and growls. This is not common, but it does occur. It is important to redirect the cat onto a more “appropriate” target – such as a feather toy, catnip-filled mouse, etc.

Medication

Aggressive cats: **Fluoxetine** (Prozac®, Reconcile™)
0.5-1.0 mg/kg/day

Paroxetine (Paxil®)
0.5mg/kg **EOD**

Clomipramine (Clomicalm™, Anafranil®)
0.5mg/kg/day

Fearful cats: **Buspirone** (Buspar®)
2.5-7.5**mg/cat** q 12-24h

Increases self confidence and promotes interaction with people