

# Fighting Like Dogs: Aggression Between Household Dogs

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Aggression between household dogs is one of the most common presentations at veterinary referral practices. At the same time, it is one of the most challenging to manage. Experienced dog owners are frustrated, often having lived with many pairs or groups of dogs over the years. One of the participating dogs may have been adopted specifically so that a resident dog would have the pleasure of some company.

Aggression toward canine housemates can develop at any age. A common time of presentation is when one of the household dogs approaches social maturity. Although all gender pairs are represented, aggression between two spayed females is most common. Furthermore, when female dogs fight, injuries can be particularly severe.

Sometimes, clear triggers can be identified. Conflicts often occur in proximity to resources including food, resting places, or special people. Excited dogs may redirect to their housemates triggering a fight. From the perspective of the owners, fights often seem to occur “out of the blue”. Hopefully, by the end of the consultation, postures will be identified to confirm that the aggression is not spontaneous after all.

## Assessment

Before proceeding with the behavioral evaluation, the clinician should evaluate all participants for evidence of medical conditions that might cause or contribute to aggressive behavior. Clinical judgment will determine the extent of the work-up. Aggressors should be evaluated for evidence of pain as well as for endocrine abnormalities that might contribute to abnormal aggression or anxiety. Dogs may become targets for aggression when they exhibit lameness or seizures. Diseases that alter odor or pheromone secretion, such as otitis externa and anal sacculitis, can also trigger an aggressive response.

The behavioral history and clinical observations will be used to determine the diagnosis and prognosis. Relevant environmental changes should be identified, particularly when the aggression is described as sudden onset. Careful questioning often reveals that subtle postures were overlooked, and that aggression developed and increased gradually.

Within reason, all household dogs should attend the consultation. Owners may be tempted to bring the dog that has caused the most serious bites, unaware that it is another dog that actually initiates the confrontations. It is essential that all dogs that have been observed “fighting” attend. Observing the patient interact with more than one dog can yield information about his communication skills. Spontaneous interactions between the dogs during the consult offer valuable information. Safe behavioral tests can be designed and conducted as well.

One challenging aspect of an evaluation is determining which dog is truly the aggressor. Bear in mind that behavior is not static. Roles change with learning and owner intervention. The dog that was once an aggressor may become a victim.

Equally important is to determine whether either dog exhibits behavioral pathology. Behavioral pathology that may seem unrelated to the primary problem often needs to be managed in order to assure a successful outcome. Since anxious dogs do not learn well, all underlying anxiety should be identified and addressed.

## Treatment

Once the diagnosis or diagnoses have been established, treatment can begin. Although treatment is generally multifaceted, the primary consideration is always the same: safety safety safety. That includes assuring the safety of all people and pets in the home. In many cases, the dogs will need to be physically separated except while a therapy session is underway. There are some risks to separating dogs, particularly those that are generally friendly toward one another. The cost / benefit of separation vs. unsupervised access should be presented. The veterinarian must be very clear and should advise owners that on some occasions, mortal injury can be inflicted, particularly when the dogs are left alone in the home.

When the dogs are together, air horns or citronella sprays should be readily available to interrupt a physical confrontation. Owners should be encouraged to use leashes, head collars, and muzzles to protect the dogs and themselves. Dogs that become inadvertently aroused during a behavior modification session can redirect aggression toward the owners. Muzzles should be used carefully, and only with supervision. They should be introduced gradually, when the dogs are apart from each other.

After safety guidelines are established, the next step is client education. Owners need to recognize postures that suggest stress, conflict, fear, and aggression. They need to understand that the bite is the last stage. During follow-up assessment exams, owners should be asked to report on the frequency of overt as well as subtle signals.

Once you have educated your clients, they can begin to implement the behavior modification program that you design. That is, they can educate their dogs. Review the triggers that have preceded aggressive events. Decisions will need to be made at this time. In other words, let clients pick their battles. Some triggers can be easily avoided. The situations that cannot be avoided will be incorporated into the behavior modification plan. A common treatment protocol is to first prevent access, and then provide controlled

access in conjunction with a systematic desensitization and counterconditioning technique. Other behavior modification techniques can be implemented as needed.

In some households, treatment may also involve restructuring or reinforcing a hierarchy among the household pets. According to this strategy, if there is a fighting pair, a dominant dog would be identified and supported. Beware! Applied incorrectly, this technique can be dangerous. There are many cases in which it is not possible to establish a functional canine hierarchy. Instead, owners must be taught safe and humane ways to organize and manage the group. The dogs will need to attend to and accept their owner's directions regardless of the behavior of their canine companions.

### **Adjunct therapy**

Spaying and neutering are often recommended as part of the treatment plan. There are clear health benefits to these procedures. From a strictly behavioral standpoint, a risk / benefit analysis should be done for each patient. Certain types of aggression may not benefit from surgical desexing, and could even escalate. In short, although the overall benefit may be greater than the risk, informed consent is always appropriate.

Concurrent behavioral concerns in the household dogs will need to be managed. For instance, a dog that exhibits thunderstorm phobia may be more aggressive toward its housemates before and after a storm has passed. Therefore, successful treatment of interdog aggression will include reducing the intensity of the reaction to thunderstorms. It is important that the treatment plans do not interfere with each other.

### **Prognosis**

Managing interdog aggression within the household is challenging for clinicians, clients and canines. Be realistic about the prognosis. Many owners are not prepared for the management steps that are required to assure safety. The attention needed to monitor body language can be exhausting. Owners that want their dogs to be best friends should understand that they may only achieve tolerance. Rehoming should be discussed openly, particularly if the individual dogs are normal but just not compatible. When rehoming is not feasible, a system for permanent separation should be discussed.

The risk of serious injury increases when there are young children in the home. Children often intervene when dogs fight. Dogs may attack one another directly over a child who is sitting quietly in between.

In general, the prognosis is most favorable if both dogs are behaviorally normal, if aggression is inhibited, if there is no primary aggression toward household people, and if controllable triggers can be identified, and if the dogs are any gender combination other than spayed females.