

## Early Childhood and Parenting (ECAP) Collaborative

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### Dealing with Biting Behaviors in Young Children

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Biting behavior in young children is a cause of concern for parents and child caregivers. Although little empirical research focuses specifically on this topic (Claffey, Kucharski, & Gratz, 1994), a variety of practical resources offer some guidance to parents and caregivers. This report discusses (1) why young children bite, (2) how common biting problems are, (3) what interventions might be considered, and (4) how teachers or caregivers can interact with and involve parents in dealing with biting behavior.

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#### Why do young children bite?

The literature suggests that biting may be a normal developmental phase for infants and toddlers, with virtually no long-lasting developmental significance. Once a child turns 3 years old, however, biting may indicate other behavioral problems, especially if the biting incidents are frequent. Because of the developmental nature of most biting, experts stress that biting is not something to blame on the child, parents, or teachers (Greenman & Stonehouse, 1994).

##### *Infants*

For infants, developmental theorists suggest that biting is probably a form of exploration--infants use their mouths to explore because it is one of the most developed parts of their bodies. Biting in infants may also be a primitive form of communication; it is likely that the infant does not connect biting to pain experienced by others (Claffey, Kucharski, & Gratz, 1994; Marlowe, 1999; Oesterreich, 1995). Infants also are impulsive and lack self-control; some babies may bite simply because something is there to bite; others bite when they are excited or over-stimulated (e.g., music stimulates the infant, who then bites because he or she is so happy and excited) (Greenman & Stonehouse, 1994). Thus, the literature concludes that infants bite because they want to smell and touch objects, experiment with cause and effect, or relieve teething pain (the National Association for the Education of Young Children [NAEYC, 1996] suggests offering infants who are teething chew toys, frozen bagels, or other safe items--see <http://www.kidsource.com/kidsource/content3/biters.p.t.4.html>).

##### *Toddlers*

Oesterreich (1995) and other theorists believe that, as with infants, biting in toddlers between 12 and 36 months old is a form of communication (i.e., to communicate frustration while learning social, language, and self-control skills). Oesterreich also posits that toddlers seldom plan ahead, but rather that they see and act on what they are experiencing at the moment. Toddlers, Oesterreich claims, do not have the language necessary to control a situation, or their attempts at communication are not understood or respected. Biting becomes a powerful way to communicate with and control others and the environment. Biting demonstrates autonomy and is a quick way to get a toy or attention (Oesterreich, 1995). Many toddlers display extreme ranges of emotions, both happy and sad, and they lack labels for communicating these emotions. Too many challenges (from activities that are too difficult), demands, wants, and obstacles can anger and frustrate toddlers and may lead to biting. Many toddlers do not yet understand sharing or that touch can hurt, and they need to learn other ways to communicate besides biting (Claffey, Kucharski, & Gratz, 1994).

Child caregivers have noted that toddlers may also bite when they experience a stressful event, a particularly distressing lack of routine, or inadequate adult interaction. According to Claffey, Kucharski, and Gratz (1994), toddlers may be more apt to bite if they have not interacted with adults for more than 5 minutes. Other toddlers may bite as a self-defense strategy, or they may simply be imitating other toddlers who bite (Marlowe, 1999; NAEYC, 1996).

##### *Preschoolers*

Occasional or rare biting from preschoolers may occur for some of the same reasons as it does for infants and toddlers--to exert control over a situation, for attention, as a self-defense strategy, or out of extreme frustration and anger. Frequent biting after a child turns 3, however, may indicate other behavior problems, because by that time many children have the communication skills necessary to relate their needs without biting. Kranowitz (1992) speculates that biting may also be caused by sensory integration dysfunction in a small number of young

children. She suggests that developmental screening for preschoolers may be useful to identify children with tactile dysfunction. (These children may respond negatively to touch sensations, becoming anxious, hostile, or aggressive. They may be under- or over-responsive to touch, or react negatively when others are close. Light touches from behind may be particularly distressing, leading, in some situations, to biting.)

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## Incidence of biting behaviors

The National Association for the Education of Young Children (1996) estimates that 1 out of 10 toddlers/2-year-olds engages in biting behaviors. Garrard, Leland, and Smith (1988) examined the injury log of one large (224 children) early childhood center. They also studied the biographical information about each child filled out by the parent at the time of admission and financial records to document enrollment. They determined that 347 bites occurred during the study year. Seventy-two bites were attributed to infants, 195 to toddlers, and 80 to preschoolers. The highest incidence of biting behavior occurred in September, and male toddlers initiated most episodes.

Of the 224 children enrolled in the center, 29 were infants (0-16 months), 62 were toddlers (16-30 months), and 133 were preschoolers (30-72 months). Toddlers were the most likely to bite; each toddler on average initiated 3.13 bites per 100 days of enrollment (the figure was 3.66 for males and 2.3 for girls). The corresponding figure for infants was .7129 bites and, for preschoolers, .5611 bites. No gender differences were noted in the infant and preschooler group. Finally, no demographic characteristic predicted children who were bitten vs. those not bitten other than number of days of enrollment (newer children were more likely to be bitten) (Garrard, Leland, & Smith, 1988).

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## What to do when biting occurs

No research was located for this report that evaluated different strategies for handling biting incidents, but the literature does present some practical ideas and strategies for dealing with a biting child offered by experts, child caregivers, and parents.

### *Respond immediately*

Infants may not yet understand the difference between biting a toy and biting a person, so a repeated message in an honest tone of voice that conveys pain (saying "Ouch, that hurt me, Joey!") can help teach infants age 4 months and older not to bite others (Marlowe, 1999).

The literature strongly suggests that caregivers and parents not bite the child back as a punishment or to show the child how it feels to be bitten. Biting back communicates to the child that violence is acceptable (Claffey, Kucharski, & Gratz, 1994; Garcia, 1999; NAEYC, 1996). Because theorists think that biting may be related to the child's developmental stage, punishment in general is not advised either at home or in a child care center (Greenman & Stonehouse, 1994). Instead, experts recommend focusing attention on the victim, shielding the victim from the biter, initiating first aid measures as necessary, and consoling the victim (Claffey, Kucharski, & Gratz, 1994; Greenman, 1995).

Garcia (1999) and Greenman and Stonehouse (1995) suggest that biters who have reached age 2 or older may benefit from assisting in the first aid process. The biter can assist the victim by demonstrating "gentle touching," having the biter rub the victim's arm, and generally assisting with taking care of the victim to teach nurturing behavior (without letting these activities become a game). Other sources recommend that biters should be removed from the situation without dramatic movements, attention, or an emotional response that could provide negative reinforcement to the biter. Parents and caregivers can tell the biter that "biting is not OK," "I can't let you hurt your friends," etc. Toddlers in particular may not understand time-out, but caregivers need to make sure that the biter is not near other children until he or she has calmed down and can be redirected to other play (Garcia, 1999; Greenman, 1995; NAEYC, 1996).

### *Stress communication skills*

Greenman (1995) suggests that emphasis be placed on teaching biters to develop and use their expressive communication skills instead of biting, so that they can learn to "use words" to express their feelings. Good caregivers consistently promote the child's use of language to enhance cognitive development, and some experts believe that promoting children's language development is also helpful to reduce biting behaviors. For example, if another child is taking a toy away from a child who has a history of biting, caregivers can teach the potential biter to say "stop," "mine," etc., and tell the child "We don't bite people, we bite food" or "It hurts when you bite"

(Hewitt, 1995). Claffey, Kucharski, and Gratz (1994) and Legg (1993) suggest that using positive language to tell the child to "touch gently" rather than "don't hit/bite" can be helpful. They also suggest that caregivers can help children verbalize their feelings by saying "You look angry, Peter. Tell Amy to stop pulling, you don't like that." Caregivers and parents should try to be specific with their language. Instead of saying "Stop being mean to Peter," for example, they can say "Peter is angry because you are taking his truck." Experts also recommend consistently teaching the child to say "no" to other children rather than biting (Todd, 1996).

### *Examine context*

Experts recommend that efforts be made to examine the pattern of biting incidents to determine if factors such as crowding, over-stimulation, lack of toys, lack of attention or supervision, or other factors seem to precede biting episodes. Garcia (1999) suggests that caregivers become adept at observing the child's physical state and noticing whether factors such as new teeth or other kinds of pain on a given day seem to be associated with increased biting episodes. Caregivers might think about whether children bite when their bowels are irregular, when they are hungry, or when they are sleepy. Some experts believe that emotions and stress inducers such as a new baby in the house may also be associated with an increase in biting episodes for individual children (Garcia, 1999).

### *Create positive physical and learning environments*

If caregivers determine that a child is biting more than once a day for more than a week, experts suggest that it is probably time to develop a plan to decrease the biting. They recommend attempting to break the cycle by varying activities and the child's schedule. Legg (1993) suggests that it may help to break up the density of the toddlers in the room to enhance program quality (one group goes outside, another stays in the room, etc.). Experts suggest tracking these changes so that there is a written record that can help to determine the context of the biting incidents and to show the results of interventions (Claffey, Kucharski, & Gratz, 1994; Hewitt, 1995).

Greenman (1995), Hewitt (1995), and NAEYC (1996) suggest that attempting to maintain a consistent routine, developing and maintaining rituals, and finding effective ways of calming children after energetic activity or during transition times (using calming music, relaxed/calming physical contact, etc.) may serve to relieve the conditions that lead to biting episodes. These experts also recommend avoiding grouping biters and previous victims together to the extent possible.

Several experts (e.g., Claffey, Kucharski, & Gratz, 1994; Garcia, 1999; Greenman, 1995) suggest that caregivers examine the center environment and try to minimize congestion and confusion, competition for toys and adult attention, frustration, and boredom. Young children do better in small groups, according to these experts, so spreading out activities and staff may help reduce undesirable behaviors. They also suggest the following strategies for caregivers:

- ▶ Be aware of the children's favorite toys and educational materials and duplicate these (because sharing is not always in the toddler's behavioral repertoire!).
- ▶ Provide a variety of options and motor/sensory choices (e.g., make the toys and climbing structures challenging but not so frustrating that the children become angry or bored). Adjust the schedule so that the children eat and nap when they are beginning to get hungry and tired rather than when these conditions become extreme.
- ▶ Find ways to strengthen the sense of security/stability in the environment.
- ▶ Maintain a consistent routine that minimizes surprises for children.
- ▶ Ensure prime times with the child's favorite primary caregiver.
- ▶ Create warm/cozy places to be.
- ▶ Avoid unnecessary staffing changes.
- ▶ Develop/maintain group rituals.

Claffey, Kucharski, and Gratz (1994) detail other environmental factors to consider, such as creating a balance of open and closed spaces so that the children may move about freely but also feel protected and not feel overwhelmed. They suggest that counters and shelves be low so that the children are always kept in sight. Colors should be chosen carefully so that the overall color environment is not too stimulating. Noise-absorbing materials should be used so that the environment offers a sense of warmth and security. Materials can be open-ended so

they may be used in many different ways to accommodate differing abilities (choosing blocks that can be stacked, sorted, classified, etc.).

The Web site of the Children's Environments Research and Design Group at the University of Wisconsin-Milwaukee offers additional guidance in the area of environmental design for young children [see <http://www.uwm.edu/Dept/ccrdg/>].

### *Educate teachers and caregivers*

Legg (1993) suggests that teachers and caregivers need to understand why children bite and the range of developmental issues that arise when toddlers are in group care. They should understand that very young children really are not developmentally ready to share, and that toddlers communicate physically before they are ready to use language. Because their social conscience and expressive communication skills are limited, toddlers may tend to shove, push, and bite. Claffey, Kucharski, and Gratz (1994) note that properly trained caregivers will be able to engage in positive guidance to show the children in their care how to play safely and to be considerate of others. Caregivers also must become adept at mediating disputes. They should anticipate problem situations and stay alert. If a particular child has difficulty in transitions, for example, the caregiver should stay close to the child and praise positive behavior, especially for children who bite. Caregivers can teach children age-appropriate ways to control themselves, which will encourage confidence and serve to guide children who bite toward self-control and away from biting. NAEYC (1996) suggests that the key to successful management of biting is understanding--for kids and adults alike. Staff at center-based programs need to recognize that biting is as normal and natural as toileting and tantrums, yet accept their responsibility to provide and maintain a safe environment (Greenman & Stonehouse, 1994).

### *Plan for biting epidemics*

When a rash of biting incidents occurs in a center, Greenman (1995), Legg (1993), and Hewitt (1995) suggest that the following steps be taken:

- ▶ Meet with the director and room staff.
- ▶ Chart every occurrence and indicate location, time, participant behaviors, etc.
- ▶ Evaluate the immediate staff response to ensure appropriateness (comforting bitten child and treating injury, providing a cool, firm disapproving response to the biter that does not inadvertently reinforce the behavior).
- ▶ Determine the context of the biting incidents: analyze, chart, and profile.
- ▶ Shadow children who have a biting tendency--anticipate biting situations and teach non-biting responses, adapting the program as necessary. Staff might shadow a severe biter for 2 weeks to prevent the behavior, because there is some evidence that if staff can prevent biting during this time period, the behavior will dissipate.
- ▶ If necessary, briefly place young children who bite in a crib or playpen to contain the child who is engaging in frequent biting, if the shadowing teacher has to do something else.
- ▶ Shadow children who tend to be bitten and anticipate potential biting situations; teach children who get bitten responses that will minimize the chance of their becoming victims.
- ▶ Consider early transition to another room for children who bite frequently, because the older children are better able to defend themselves.
- ▶ Extreme biting epidemics may require extra help from a consultant, parent educator, or counselor, especially if the behavior occurs daily or persists.

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### Parent communication

Much of the literature that is focused on issues related to biting also addresses communicating with and involving parents. Most experts stress confidentiality; they recommend that teachers or directors NOT reveal the identity of the child who is biting to parents of other children. Instead, experts suggest that child caregivers assure the parents that they are aware of the problem and are working toward solutions, but that all children are capable of

having problems with biting. Parents should know that biting is a normal occurrence for many children in group care situations, particularly when they are in the toddler stage (Greenman & Stonehouse, 1994; Legg, 1993; Todd, 1996). These authors also recommend that parents be apprised of the possibility of biting incidents occurring in child care facilities during the initial intake process, or when infants are making the transition into the toddler room.

Legg (1993) also recommends that apologizing to family members is not an effective strategy, because an apology implies that there is a foolproof way to prevent the incidents. Instead, she suggests relating to the parents what is being done to insure the safety of all of the children. She also recommends focusing on what first aid treatments are used when incidents occur and what else is being done for children who are bitten.

As explained by Greenman and Stonehouse (1994), in extreme cases, termination or suspension of the biting child from a center may become necessary. The center should have a policy that offers guidance related to how long a severe biting problem can be allowed to continue. It is important that the parents of the biter be notified early of this possibility so that they can begin to make inquiries regarding alternate child care arrangements. Legg (1993) suggests that in many cases enrollment may only need to be temporarily suspended until the child improves his or her communication skills.

Claffey, Kucharski, and Gratz (1994) and NAEYC (1996) recommend that caregivers try to determine whether biting is occurring at home. Breaking the biting pattern will be difficult in an early childhood center if biting is allowed to occur at home without the same formal interventions being applied at the center. Marlowe (1999) advocates teaching parents to offer choices so that the child is given power and control at least a few times a day. Caregivers can keep parents informed about their child's favorite toy, what happened in the school day, etc. Overall, experts note that it is essential to maintain positive relationships with parents during biting outbreaks, to keep parents informed of the strategies being employed, to empathize with parents of both biters and victims regarding their feelings of helplessness related to the safety of their children, and to communicate to parents the staff training and intervention efforts that are occurring to remedy the problem (Greenman, 1995; Greenman & Stonehouse, 1994; Legg, 1993).

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## Conclusion

Understanding the developmental factors that contribute to biting behavior can help parents and caregivers make environmental or programmatic changes as necessary to minimize the behavior; caregivers need to provide accurate information to parents (Reguero de Atilas, Stegelin, & Long, 1997). Guidance to children who bite should be provided with the goal of helping children develop inner control of their feelings and actions. A quick and consistent response at home and in the center can help children who bite learn to express their feelings in words so that they can become better able to control their behavior (Claffey, Kucharski, & Gratz, 1994; Garcia, 1999).

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## Resources

- ▶ [National Association for the Education of Young Children](#)
- ▶ [Play Right—Don't Bite!](#)
- ▶ [Ouch! That Hurts! \(PDF\)](#)
- ▶ [Biting in the Toddler Years \(PDF\)](#)
- ▶ [Biting Hurts!](#)
- ▶ [Biting in the Child Care Setting \(PDF\)](#)
- ▶ [Biting Must Never Be Permitted](#)
- ▶ [Handling Challenging Behaviors in Child Care: Aggression and Anger in Young Children](#)
- ▶ [UCB Parent Advice: Biting](#)
- ▶ [When Children Bite](#)
- ▶ [Biting \(PDF\)](#)
- ▶ Becoming the parent you want to be. [ED408022](#)
- ▶ Caring for your baby and young child: Birth to age 5. The complete and authoritative guide. [ED363446](#)
- ▶ No Biting: Policy and Practice for Toddler Programs. [ED463073](#)

ERIC database search through 02/2007 on *Biting*

- ▶ Taking the Bite Out of Aggressive Biting: An Action Plan. Teaching Strategies. [EJ673623](#)
- ▶ Practical Solutions to Practically Every Problem: The Early Childhood Teacher's Manual. Revised Edition. [ED475175](#)
- ▶ Biting. ERIC/EECE Report. [EJ671934](#)
- ▶ Touchpoints: Your child's emotional and behavioral development. [ED354103](#)
- ▶ Understanding and Preventing Toddler Biting. [EJ606990](#)
- ▶ Learning Skills of Peace through Every Day Conflicts: Practical Activities and Resources for Families, Teachers and Other Caregivers. {Loose-Leaf Pages and Pack of Cards}. [ED443527](#)
- ▶ The Stages of Biting. [EJ584452](#)

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References identified with an ED (ERIC document) or EJ (ERIC journal) are cited in the ERIC database. ERIC Documents (citations identified by an ED number) may be available in full text from ERIC at no cost at the ERIC Web site: <http://eric.ed.gov>. Journal articles are available from the original journal, interlibrary loan services, or article reproduction clearinghouses.

If you would like to conduct your own free ERIC database searches via the Internet, go directly to [http://eric.ed.gov/](http://eric.ed.gov)

- ▶ Biting Behaviors among Preschoolers: A Review of the Literature and a Survey of Practitioners. [EJ558652](#)
- ▶ Managing Expectations: Notes to Parents. Living in the Real World. [EJ555928](#)
- ▶ Using NAEYC's Code of Ethics. [EJ538103](#)
- ▶ Identifying Dilemmas for Early Childhood Educators. [ED406033](#)
- ▶ A Practical Guide to Solving Preschool Behavior Problems. Third Edition. [ED392546](#)
- ▶ So This is Normal Too? Teachers and Parents Working Out Developmental Issues in Young Children. [ED391589](#)
- ▶ Reality Bites (Frequently): Biting at the Center--Part 2. [EJ503564](#)
- ▶ Reality Bites: Biting at the Center--Part 1. [EJ489936](#)
- ▶ From a Parent's Perspective. [ED372845](#)
- ▶ Managing the Biting Child. [EJ486889](#)
- ▶ A to Z Guide to Your Child's Behavior: A Parent's Easy and Authoritative Reference to Hundreds of Everyday Problems and Concerns from Birth to 12 Years. [ED372872](#)
- ▶ "What's a Little Bite among Friends?" [EJ467457](#)
- ▶ Aggressive Behavior in the Pre-Verbal Child. [ED341488](#)



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