

Biting

How can children who bite be identified?

Children who engage in biting are usually identified after a bite has happened. Biting is common among young toddlers, can begin in late infancy, and, at times, can continue until preschool age. Biting can continue throughout childhood (and adulthood) in some individuals with certain diagnoses (eg, sensory processing disorder, autism spectrum disorder).

How common is it?

Biting is common among toddlers, especially in classrooms with multiple toddlers. Even though biting is typical developmental behavior, it does not mean it is an acceptable behavior. Biting behaviors are slightly more common in boys and happen the most between the ages of 1 and 2 years.

What are the behaviors usually seen?

Typical behaviors include bites from one child to another, bites from a child to an adult, and bites a child inflicts on himself or herself. Bites can be viewed as mild (eg, if a child does not have teeth yet) to severe (ie, if a bite draws blood or leaves a significant bruise). Biting can happen through clothes or directly on the skin.

When should a more concerning issue be suspected?

- When a child bites himself or herself, regardless of age
- When an adult has difficulty identifying the reasoning for biting after careful observation
- When biting does not decrease over time after an effective intervention has been used
- When strategies to decrease biting are ineffective



What are typical management strategies in the behavioral support plan?

All biting happens for a reason. Sometimes, it may take time to discover why a child is biting, and the help of a mental health professional may be required to find answers.

The teacher and/or caregiver should always observe the child who is biting to discover the probable cause for biting. Biting a child back is *never* appropriate. Avoid labeling a child as a “biter.” Toddlers may bite until they learn other coping strategies, learn more words, and mature in their play with other children.

Keep a biting log for children who bite frequently. The biting log should include the date and time of the bite, the location where the bite happened (eg, inside or outside, the area of the classroom), the trigger or antecedent (ie, what happened right before the bite occurred), what part of the body was bitten, the name of the child who was bitten (to see if a pattern exists for which child or children are bitten), the suspected cause of the behavior, the response of the child who was bitten (eg, he or she bit or hit back, cried, dropped a toy, had no response, told the teacher), the immediate response of the teacher, and the consequence of the behavior (ie, what the teacher did to address the bite and prevent the bite from happening again).

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Discovering the cause(s) can help the child care or early education professional determine the best strategies to decrease or eliminate biting. Some typical reasons for biting are as follows:

- Frustration or stress. Young children have limited words and/or do not yet have the words to communicate their feelings or frustrations. Helping young children identify their emotions and offering ways to cope (eg, relaxing in a cozy corner, giving soft touches or hugs) can help them calm down. Consider the daily routine and environment, as well. Children need a predictable schedule to function at their best. Is the room crowded or noisy? Does the room have enough toys?
- Teething or dental pain. A young child experiences pain when teeth are coming in. Giving the child something to chew on or something to soothe the pain can help.
- Exploration and learning. Infants and young children commonly put things in their mouths as a way to experience their world. Unfortunately, they may explore their world by biting adults or other children. Offering toys that promote chewing and/or a crunchy snack can help.
- Cause and effect. Sometimes, after toddlers bite, they note how adults react or how the bitten child reacts. The reaction can be reinforcing, and children may bite again to get the same reaction.
- Unawareness of others' feelings. Toddlers may see others as objects, as opposed to understanding how their bites may hurt another. Respond firmly with something like, "You bit Tommy. See his face. Your bite hurt Tommy. Tommy is sad." Try to give a short, unemotional response.
- Challenges in play. Before age 2 years, children do not engage in interactive play with each other. At around the age of 2½ years, children are beginning to play with each other, but they are still learning interactive play. Some children will bite because another child has a desired toy. Young children do not begin to share or take turns well until around age 5 or 6 years. If a child has bitten to get another child's toy, it is important to retrieve the stolen toy as quickly as possible to decrease the time the child has with the toy. Otherwise, the child will believe biting to get a toy is an effective tactic. Use opportunities throughout the day to teach

taking turns. Teach emotional and social skills during circle time by using puppets or reading books about emotional and social skills.

- Personal space. Some toddlers will bite another child who invades what they perceive as "their" space. Teach children to speak for themselves with short phrases, such as, "Move back," "Stop," or "Too close." If a child cannot speak for himself or herself yet, you can speak for the toddler: "Billy says you're too close"; "Tasha says she's not done"; "Sarah says move back."
- Imitating others. Sometimes children bite because they have been bitten in the past.

Try to remove the bitten child from the child who bit to create a safe space between them. Allow the child who has bitten to see you show empathy and care for the child who was bitten. Avoid demanding an apology from the child who bit. Such apologies are rarely sincere and give too much attention to the child who bit. Avoid expecting children to hug after a bite. The bitten child should naturally be cautious of the child who bit her or him. Expecting children to hug does not encourage safety or the natural response of bitten children to want to protect themselves.

If a child is frequently biting, it is essential for caregivers to *shadow* the child (ie, stay close to or within arm's length of the child). Caregivers should observe the child for potential triggers and intervene if a bite is about to happen. Frequent biters often do so as a reaction to a perceived problem, and the biting will not stop until an immediate intervention interrupts the bite from happening and an immediate replacement skill (eg, communicating for the child, giving the child words to say) is offered.

Avoid shaming, yelling, or getting angry at the child who bit.

When should I ask for additional support?

If strategies to address biting do not seem to be working, a child continues to bite himself or herself after being taught coping strategies, the biting is getting worse over time, additional aggressive behaviors are developing, or other concerning behaviors are occurring (eg, using no or few words appropriate for the child's age, not playing with others as he or she matures), consult with

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a mental health professional for additional support, and encourage parents to discuss the biting with their child's pediatrician.

What training and/or policies may be needed?

Understanding typical developmental milestones for the ages of children in the classroom is helpful for teachers. It is often useful to have a protocol to follow when bites happen. Parents of the child who bit and the child who was bitten should be notified. However, the names of the child who bit or the child who was bitten should not be shared with the parents of the other child. If the skin was broken from a bite, appropriate safety precautions for the child and the teacher who provides care to the site where the bite happened should be followed.

Where can I find additional resources?

- Katz K. *No Biting!* New York, NY: Grosset and Dunlap; 2002
- Verdick E, Heinlen M. *Teeth Are Not for Biting.* Minneapolis, MN: Free Spirit Publishing; 2003
- Center on the Social and Emotional Foundations for Early Learning (<http://csefel.vanderbilt.edu>)
- Zero to Three (<https://www.zerotothree.org>)

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