WHEN CHILDREN BITE

One of the most awful things a parent experiences when his/her child is enrolled in a day care center is to arrive, all ready to lavish love upon the most beautiful child in the world, and find that child marred by a bite! A child’s bite! How could this possibly happen in a good child care center? The fact is; biting does happen in any center in which infants and toddlers are enrolled. Why? There are several reasons:

1. Young children explore by placing objects in their mouths. Children “accidentally” explore just a little too vigorously. Some children actually respond with shocked looks when a bitten child cries.
2. Children do not have a well-developed sense of cause-effect relationships. They are just learning that if they bite someone, it hurts that person.
3. Young children do not have verbal skills to express angry feelings. Biting is a very powerful way to get one’s way, fight back, or release frustration. Studies show that most all biting disappears by age three, the age at which most children begin to be able to say, “No” and acquire other more complex skills for dealing with angry or frustrating feelings.
4. Being an infant or toddler has to be frustrating! Think of how many times infants and toddlers fall down, struggle to reach an adult, or have to wait for diaper changes, feedings, and so forth. We know that biting, and other forms of aggression, result frequently from an accumulation of frustrating experiences.
5. Children are often teething, and it may just feel good to bite. (Remember cutting wisdom teeth?)

Prevention and Treating of biting behaviors:

We do not like them to happen either, so we work hard to minimize the number of such incidents by doing the following:

1. We plan activities and supervise the classroom carefully so that biting is limited. We provide activities to release frustration, and we have ample toys so that children do not have to fight over toys. We maintain a good adult-child ratio so that staff members can always be close to groups of infants/toddlers playing together.
2. When bites do occur, we react firmly by telling children, “NO.” And we provide simple explanations to help children understand why biting cannot be allowed.
3. We provide objects that can be bitten, and we redirect children to appropriate activities to ventilate strong feelings.
4. We may isolate a child for a few minutes to give him/her time to calm down. (The child will never be totally isolated from the group; an adult will always be in the presence of the child, and the isolation time is very short for young children.)
5. We console the child who has been bitten and move quickly to clean the bite. We place ice on the bite to minimize swelling and bruising. Medical treatment is seldom required for bites between toddlers.
6. We will notify you immediately if you so desire so that you can determine if further medical attention is needed. (In most cases, skin is not broken, and no additional medical attention should be needed, but we want you to have the option to make that decision.)
7. We “shadow” the child who has done the biting so that we can prevent any follow-up incidents.

There are some things we will not do, and you should know those too:

We will not bite back, nor will we encourage children to bite each other back. This practice only models and encourages further aggressive behavior.

We will not “expel” a child with a biting problem, under normal circumstances. If a child reaches the age where biting is uncommon (past three, and certainly four years of age), and the child is still biting persistently, a careful examination of the situation is needed. We may wish to secure an additional evaluation of the child to determine why more mature forms of communication are not being used.

Adapted from Sharon T. Teets, Carson-Newman College, Jefferson City, TN