
How to handle the biting epidemic

“What’s a Little Bite Among Friends?”

by Jackie Legg

*There is probably no situation more emotionally charged than when one child bites another at your center. Perhaps it will be reassuring to know that there is **nothing** you can do to insure that it will **never** happen. Yes, it happens even in “good” centers.*

We do know some procedures, however, that can help minimize the hysteria that often follows THE BITE.

It will be worth your efforts to do some serious staff training about how to handle biting.

- Teachers should understand **why** children bite. It is a developmental issue that often surfaces when toddlers are in group care. If you think about it, toddlers are the children least suited to group care. They are not developmentally able to share space, toys, or the attention of their favorite adults. Being forced to be part of a group can be very frustrating.
- Before toddlers have good language skills, they often communicate physically. They shove, they push, they bite. We have to remember that, at this age, they do not have a social conscience as we know it. They may fully understand that when they bite, someone cries; but they have not connected yet all the social consequences.
- When biting occurs, teachers should carefully analyze the circumstances. Anecdotal information can be very useful. We should note when the incident happened, where, what precipitated the bite (if anything), who was involved, etc. If the biting continues to occur, we want to look for patterns (time of day, particular children, etc.).
- Teachers will need help in learning how to react to parental concerns. It is very important to empathize with the parents, but probably not a good strategy to apologize. An apology indicates that we could have prevented the incident. Even in the best of circumstances, we cannot guarantee we can prevent further episodes. It is important, however, to communicate that we

have a plan to minimize the biting behavior and will commit our best efforts to assuring their child’s safety.

- When we have to tell a parent that their child has been bitten, it is important to let them know how we handled the situation. They will want to know what we did for their child (“I picked her up, put ice on her hand, and held her until she was comforted.”).

It is very important to let parents know prior to their child’s first bite that we expect it to happen. One good strategy is to include the “biting speech” in the communication that is done when children transition from the infant to the toddler program. It is a common behavior among toddlers and we can defuse many a horrified parent if they know to expect it. They will still be unhappy, but it will not be a surprise. At the same time, we should tell them our policy for handling a bite — how we will react, how it will be communicated.

It is useful to note that a child who bites will probably bite more than once. If a child bites more than once a day for more than a week, we will need to do some careful analysis to

see what we can do to decrease the biting incidences. Again, anecdotal information is very useful. Does it always happen before lunch? Is it always the same child who is bitten? Are the precipitating activities similar?

If there are any parallels, we will want to do something that breaks the cycle (vary the schedule, vary the groups, vary the activities). Since we know that toddlers do not function well as “groupies,” try to find ways that the toddler class can be broken up for part of the day. One group can go outside while another stays inside, lunch can be broken into two time periods, etc. Any time we decrease the density in toddler rooms, we are enhancing program quality.

If the biting becomes very severe with one child, we will need to take some additional steps. There is some evidence to indicate that if we can keep a “biter” from chomping down on someone for two weeks, they will tend to lose that skill from their repertoire. This might mean assigning one teacher to be that child’s constant companion. When the teacher has to do something else (change diapers of another child, etc.), we can use a crib or a playpen to contain the child. It is very important that this be used as a preventive strategy and not as punishment. The teacher will say, “I am going to put you in here for a few minutes to play because I do not want you to bite.”

Call upon other resources to help determine if there is anything else that can be done to ease the biting situation. Sometimes having an early childhood specialist or some other community resource person observe the classroom will lend some insight into the problem.

Once a child is bitten, it is important that teacher behavior is consistent. One good plan is for the teacher to console immediately the child who was bitten (perhaps stepping in between the two with her back to the biter, thereby not reinforcing the behavior with teacher attention), then turning to the biting child and giving some verbal feedback. Appropriate comments could be “It hurts when you bite” or “I don’t like it when you hurt your friends.” Then encourage the child who has been bitten to make some verbal expression of displeasure by helping them say “Don’t bite me, it hurts” or some other appropriate phrase.

When communicating the incident to the parent, it is not a good idea to tell them who did the biting. Chances are they will find that out via the grapevine, but it is not useful information for them to have. Assure them, instead, that all children are capable of biting at this age and they would not want us to tell other parents when their child bites.

By the same token, it is not helpful to notify the parents of the biter. Chances are they do not bite at home. Remember that it is primarily the frustration of group care that most frequently triggers the biting behavior. We should involve parents only when we need to modify the child’s normal routine (use a containment strategy, etc.) or to tell them about our plans if the biting is ongoing and severe.

In **extreme** cases, we may need to ask a parent to withdraw a child from the center because we have been unable to diminish the biting occurrences. If the situation does come to this, reassure the parent that the child will be welcome back at a certain time period perhaps when their language skills are better or they have reached a little more maturity. We will want to give the

parents plenty of time to find another setting and provide resources we may have identified to help them in their search.

Unfortunately, biting will not just go away. Just as one episode seems to have faded away, another will erupt to take its place. Our stress level, and that of our teachers, can be managed, however, by the amount of preparation we do in formalizing a biting policy and by the calm and confidence we exude when dealing with biting behavior. **Bon Appetit.**

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