As directors of early learning programs, we have to deal with a myriad of issues on a daily basis. One of the more frustrating things that come up from time to time is biting. Biting is particularly problematic because it tends to elicit such a strong response from caregivers, parents and other children. Those new little teeth are sharp, and biting really hurts. Most young children have scratches and bruises most of the time which come and go without much concern, but bite marks are something else altogether because they are so easily recognizable. If a human bite breaks the skin, there are all the risks inherent with exposure to body fluids.

Biting is a stage that many young children go through, and like other types of challenging behavior, it is often assumed that the child is by definition angry or frustrated. There are actually many different reasons why children bite, and with enough information, the problem can often be easily addressed. The first step is to reassure the staff, parents, and children who are likely to be complaining about the biting that you acknowledge that there is a problem and you are addressing it, while taking care not to disclose confidential information. The next step is to track and document the child’s behavior for several days.

at this point. Document the time of day, the kind of activity (or transition), the number of children who are present, if the biting seems to be targeting some children but not others, the ambient lighting and noise level, and whether the biter appears to be teething, hungry, tired, over-stimulated, or near the time when she typically has a bowel movement. Also track which adults are present, how the biting incident is handled, and if the child bites more when some adults are present, but less when others are supervising. Does this child have a history of biting, or is it a new behavior? Have there been any recent changes in the program? Is anything going on at home that might be contributing to the child’s stress level? Take note of the biter’s facial expression and body language just before and just after the biting incident happens: Does she look angry, frustrated, surprised, confused or playful? Be sure to keep a careful watch to see if one or more other children are creating the altercations that lead to biting.

It might seem that the biting is random and unprovoked, however, if you can maintain objectivity while you are analyzing your observations, patterns often emerge that you hadn’t noticed before. Once you have this information, you can develop some strategies to help the child to be successful in the group environment.

Many young children use their mouths to explore the world around them much as they use their other senses. For these children, it is important to have access to enough toys and materials in the classroom that are safe to put in their mouths, and for staff to refrain from discouraging them from doing so. These children often just need some time to develop their other senses as their primary means for exploration and discovery. Be sure to sanitize mouth toys frequently.

Toddlers sometimes bite because they are hungry, especially if they are going through a growth spurt. If the biting typically happens just before mealtime, try giving her a cracker or two 30 minutes before it is time to eat.

Linda Crisalli has been actively involved in Early Childhood Education since 1969. She has a certificate in Collaborative Leadership in ECE, a BA in ECE, and an extensive amount of additional education and training in a wide range of subject areas. Her long history working with and in behalf of young children and their families includes positions as center director, program director, field director, teacher trainer, parent educator, teacher, mentor, case manager, advocate, consultant, CDA advisor, licensed home provider, parent, foster parent, church school teacher, author, and professional puppeteer.
Biting often happens when a child is teething, both because she is in pain and chewing can relieve the discomfort, and because the pain makes her grouchy. Be sure to have a variety of teething toys available for her to chew on. If there is easy access to a refrigerator, chilling the teething toys can often be helpful. Speak to her parents about using a pain reliever and/or a gum-numbing product.

Sometimes young children bite when they are trying to express affection, especially if they have observed adults who kiss each other enthusiastically on the mouth, face, neck, and shoulders with their lips parted. Some adults show playful affection to their toddlers by playfully putting their open mouths on the child’s tummy or neck and blowing. When the child tries to replicate these behaviors with her friends, she might not realize that she is actually biting them and hurting them. You might consider speaking with the parents and suggest that they choose another way to express their affection towards her and towards each other when they are in her presence.

Some people, including very young people, have a natural need for more personal space than others. Unfortunately for them there are also people who have a natural tendency to invade other’s personal space. If you have a pairing of a space-needy child and a space-invading child, biting and/or other aggressive behaviors often happen. Whenever possible, try to avoid situations which could make the biter feel ‘cornered.’ Put her favorite toys and materials at the end of the shelf, not in the corner. Put her on the end of the lunch table, and be sure that there is enough space around her rest mat during naptime. During transitions, be sure to keep some space between this child and others.

Don’t fence me in...

18-month-old Nickie was a biter, especially when it came to her best friend Mandy. It just seemed as though these two toddlers had a love-hate relationship. They would play together nicely for long periods of time, and then out of the blue (or so it seemed) Nickie would strike! Nickie was clearly a person who needed her personal space, and Mandy often managed to be much too close for Nickie’s comfort. By rearranging the materials in the classroom and taking care to give Nickie a little more space, and by supervising Mandy closely to keep her from getting too close, the biting diminished.

Sometimes a diagnosed or undiagnosed medical or dental problem is at the bottom of the problem. Watch for any reactions that the child might have to certain foods that might indicate that her teeth could be sensitive to heat, cold, or foods that are acidic or sugary. Does she act out at times of the day that are related to how long it has been since she last ate? This could indicate a possible medical problem such as blood sugar issues (hypoglycemia?), digestive issues (acid reflux?), or pervasive food sensitivities. A referral to the pediatrician might be indicated to rule these things out.

A sight for sore eyes...

20 month-old Lily was a world-class biter. She bit hard, she bit often, and it almost always broke the skin. The behavior appeared to be random and unprovoked. She was not yet two years old and she had already been expelled from four childcare programs. Close observation revealed that when someone came within her little arm’s distance, Lily appeared to be frightened, or perhaps disoriented for a split second before she lunged at them to bite. Both of Lily’s parents had worn glasses since they were young children, and an eye examination revealed that Lily too had a problem with her vision. When someone approaching her came to that point where her focus changed, it frightened her and she bit. Once Lily was fitted for glasses, the biting stopped.

Sometimes the classroom environment is the culprit. For some children, an environment that is over-stimulating can have a negative impact on their impulse control and tolerance of frustration.

Is the classroom environment visually over-stimulating? Is it cluttered and unorganized? Looking around the classroom, is there any place for your eyes to rest, or is every surface decorated?

Too many or too few activity choices can be problematic. There should be more choices than there are children, but not so many as to be overwhelming.

What is the sound level and sound quality in the classroom like? Try using — or eliminating — soft music to create a background of white noise. What are the teachers’ voices like? When the children are noisy, some adults have the tendency to try to raise their voices over the din. Try whispering instead.

What is the color scheme of the classroom? Sometimes the over use of hot emotional colors — red, yellow, orange, hot pink, etc. — can impact the stress level of the classroom. Try using cool colors for the bulletin board background, table covers, area rugs and any other large expanses of color.

Think about the lighting in the classroom. If it’s possible to turn down or eliminate some of the florescent lighting for all or part of the day, it is often helpful. Take advantage of all of the natural light that is available, and try using lamps to soften the lighting.

Try reducing or eliminating the use of mobiles, center labels, banners etc., that are hung from the ceiling. The subtle movement of these things can be an assault to the peripheral vision for some children, which can be stressful.
Do the traffic patterns in the classroom work well, or do they contribute to the problem? Is there enough space in learning centers to allow children to play without invading each other’s personal space? Are the boundaries of your learning centers visually defined?

Think about the structure of the daily routine. Is it consistent and predictable enough? Is it too regimented? Does it require the children to sit too long or to wait too long during some times of the day? Are there too many transitions, and how are transitions managed? Are the children given any notice when a transition is coming up, or when it’s time to give another child a turn with to toy or activity?

Sensory overload...

Christopher, who was 2½, had just been promoted from a toddler class into a young preschool class, and he began acting out, including biting. Christopher’s new room was significantly larger than the toddler room, and there were more children in the class. The teachers played cheerful preschool music most of the time. Every part of the room was filled to overflowing with interesting toys and materials. The bulletin boards were covered in bright red and yellow. All over the room, there were mobiles and center signs hanging from the ceiling. There were posters and children’s artwork decorating almost every surface in the room including the windows. This classroom was much too over-stimulating for this particular child. By choosing cooler colors for the larger expanses of color such as bulletin board backing, removing some of the wall decorations, removing some of the materials in the room, limiting the number of things hanging from the ceiling, and toning down the room lighting, not only did Christopher stop biting, but the whole class was calmer and aggressive behaviors in the classroom were significantly reduced.

While you are conducting your observations and designing strategies to try to address the biting, it is important to coach the staff about the importance of professionalism and confidentiality. Remind them not to disclose the name of the biter to parents, or to gossip about the problem with their coworkers from other classrooms. Do keep the parent(s) of the biter informed about the problem and what you are doing to address it. Document not only the child’s behavior, but also the program’s accommodations to support the biter’s needs and to help her be successful.

If you are calm, professional, confident, and articulate as you interact with staff and parents, it will minimize the level of emotionality that is often associated with dealing with a biter. Most of all, it is important to support and nurture the biter so that she doesn’t come to think of herself as intrinsically ‘bad’ or ‘unlovable’ while you are helping her overcome her problem with biting.