

A PARENTS' GUIDE TO PREVENTING DOG BITES IN YOUNG CHILDREN (Ages 0–5)

A Be BiteSmartSM Publication

An Initiative of the Center for Canine Behavior Studies

A child will face many challenges in life. A preventable injury should not be one of them.

Introduction

This Guide is provided as a free public health resource to advance the prevention of pediatric dog bite injuries through parental education, awareness, and structured intervention.

The Guide presents evidence-based information on preventing dog bite injuries in children, drawn from peer-reviewed research, public health data, medical literature, and established canine behavior science. It reflects a synthesis of current knowledge from trusted institutions and experts in pediatrics, injury prevention, and animal behavior.

Its purpose is to deliver clear, practical guidance that can be applied across homes and childcare environments to reduce risk through informed supervision, environmental awareness, and responsible interaction between children and dogs.

In many households, dogs are considered integral members of the family, often a child's first companion, protector, and closest friend. These relationships can be deeply positive and developmentally meaningful. At the same time, dogs are sentient animals with their own behavioral needs, boundaries, and modes of communication. Recognizing and respecting these realities is essential to creating safe, sustainable human–animal relationships.

Prevention is not achieved through fear or avoidance, but through education, structure, and shared responsibility. When parents and child caregivers understand risk, environments are thoughtfully managed, and children are guided appropriately, the likelihood of injury can be significantly reduced.

A child will face many challenges in life. A preventable injury should not be one of them.

Important Notice

This Guide is intended for educational purposes only. While it is grounded in scientific and clinical research, it does not constitute medical, legal, or professional advice, nor does it guarantee that dog bite incidents can be fully prevented. Dog behavior and human interaction involve inherent variability. The strategies presented are designed to reduce risk—not eliminate it entirely.

Usage Rights, Permissions & Attribution

Be BiteSmartSM is an educational program of the Center for Canine Behavior Studies, Inc., a Connecticut nonprofit corporation recognized as a 501(c)(3) tax-exempt organization.

The Essential Guide to Dog Bite Prevention is copyrighted © by the Center for Canine Behavior Studies, Inc. All rights reserved.

This Guide is provided as a free public educational resource and may be downloaded, printed, copied, shared, translated, and redistributed worldwide for non-commercial, educational, and informational purposes, provided that it is distributed in its complete and original form and includes the following attribution:

Be BiteSmartSM – An educational program of the Center for Canine Behavior Studies, Inc.
www.BeBiteSmart.org

Except as expressly permitted above, the following actions are prohibited without prior written authorization from the Center for Canine Behavior Studies, Inc.:

- Editing, modifying, abridging, or altering the content in any way
- Creating derivative works, adaptations, or excerpted versions
- Removing, obscuring, or altering attribution, branding, or version information
- Republishing the content in part or in whole as a standalone or embedded resource
- Any commercial use, including for-profit reproduction, distribution, or licensing

All permitted copies and distributions must preserve the integrity of the document in its entirety, including all notices, branding, and version identification.

For commercial use, permissions, partnerships, translations at scale, or other inquiries, please contact:

Center for Canine Behavior Studies: <https://www.centerforcaninebehaviorstudies.org/contact>

Be BiteSmart: <https://www.bebitesmart.org/contact/>

Telephone: 413-248-8806

For the most current and official version of this Guide, please visit: www.BeBiteSmart.org

INDEX (TABLE OF CONTENTS)

Section I — Understanding Risk

Chapter 1 — Child Development and Risk (Ages 0–5)

Chapter 2 — Understanding Dog Behavior and Communication

Section II — How Dog Bites Actually Happen

Chapter 3 — The Home Environment: Where Risk Truly Lives

Chapter 4 — The Escalation Ladder: From Signal to Bite

Chapter 5 — The Most Common and Predictable Bite Scenarios

Section III — Core Prevention Systems

Chapter 6 — Supervision: Why It Fails and How to Do It Correctly

Chapter 7 — Environmental Management: Structuring Safety in the Home

Chapter 8 — High-Risk Conditions: When Interaction Must Not Occur

Section IV — Teaching Within Developmental Reality

Chapter 9 — What Young Children Can and Cannot Do

Chapter 10 — Teaching Safety Without Creating False Confidence

Section V — Adult Responsibility

Chapter 11 — The Role of Parents: Where Responsibility Truly Sits

Chapter 12 — Caregivers, Visitors, and Transfer of Risk

Section VI — Consequences

Chapter 13 — Physical Injury: The Medical Reality

Chapter 14 — Psychological Impact: The Lasting Effects

Section VII — Conclusion

Chapter 15 — A Preventable Future



SECTION I — UNDERSTANDING RISK

Chapter 1 — Child Development and Risk (Ages 0–5)

Child development is a critical factor in understanding dog bite risk. Young children differ from older children and adults in ways that directly influence interaction with dogs¹¹.

Children under the age of five are at the highest risk for severe dog bite injuries¹². This increased risk is associated with developmental characteristics, including:

- Limited impulse control
- Curiosity-driven behavior
- Lack of understanding of consequences
- Tendency toward close physical interaction

These traits increase the likelihood of behaviors that may provoke a defensive response from a dog¹³.

Young children are also less able to recognize and interpret canine body language. Signals that indicate discomfort or warning may go unnoticed or be misunderstood¹³.

Physical size and positioning contribute to injury patterns. Children are more likely to sustain injuries to the head, face, and neck due to their height relative to the dog¹².

Familiarity with the dog does not reduce risk. In fact, many incidents occur with dogs known to the child, including family pets¹⁴.

Children may develop a false sense of security based on prior positive interactions, leading to increased exposure and reduced caution.

Developmental limitations also affect a child's ability to follow safety instructions consistently. Even when children are taught appropriate behavior, they may not reliably apply these lessons in real-time situations¹¹.

This reinforces the need for adult supervision and environmental management as primary prevention strategies.

Understanding child development allows for the design of interventions that are appropriate to the child's capabilities. Education must be simple, repetitive, and supported by adult guidance.



Chapter 2 — Understanding Dog Behavior and Communication

Understanding canine behavior is fundamental to preventing dog bite incidents. Dogs do not bite without cause; biting is a form of communication that occurs within a behavioral framework shaped by genetics, environment, and experience⁷.

Aggression in dogs is often linked to underlying emotional states such as fear, anxiety, or frustration⁷. These states may be influenced by neurochemical processes, including serotonin regulation, which plays a role in impulse control and stress response⁷.

Dogs communicate discomfort through a range of signals, many of which are subtle. These may include:

- Turning the head away
- Avoiding eye contact
- Lip licking
- Yawning
- Stiffening of the body

These signals are part of a progression that may escalate if the dog's discomfort is not addressed⁸.

Escalation typically follows a sequence:

- Subtle avoidance
- Increased tension
- Warning behaviors (growling, baring teeth)
- Bite

This progression is often referred to as an escalation ladder and reflects increasing levels of stress and perceived threat⁸.

Importantly, many bites occur without obvious warning to the untrained observer. This is not because the dog did not signal, but because the signals were not recognized or were misinterpreted⁹.

Context plays a critical role in behavior. Dogs may be more likely to react in situations involving:

- Resource guarding (food, toys)
- Physical restraint
- Pain or illness
- Startle responses

These conditions increase the likelihood of defensive behavior¹⁰.

Understanding behavior requires recognizing that dogs respond to perceived threats, not objective danger. A child's actions—such as hugging, climbing, or sudden movement—may be interpreted by the dog as threatening, even if no harm is intended.

Prevention therefore depends on aligning human behavior with canine perception, reducing situations that may trigger defensive responses.



SECTION II — HOW DOG BITES ACTUALLY HAPPEN

Chapter 3 — The Home Environment: Where Risk Truly Lives

The home environment is the primary setting in which dog bite incidents involving children occur¹⁵. Most bites happen in familiar surroundings and involve dogs known to the child, including family pets¹⁵.

Within the home, risk is shaped by the interaction between environmental conditions and behavior. Unlike controlled or unfamiliar environments, the home allows for frequent, informal interaction between children and dogs, increasing exposure over time¹⁶.

Unstructured interaction is a key risk factor. When children and dogs are allowed to interact freely without defined boundaries, the likelihood of escalation increases¹⁵.

Several environmental conditions contribute to increased risk:

- Lack of physical separation between child and dog
- Unrestricted access to the dog during high-risk situations
- Absence of designated safe spaces for the dog
- High levels of activity or noise

These conditions create unpredictability and reduce the ability to manage interaction effectively¹⁷.

High-risk situations within the home include:

- Feeding
- Resting or sleeping
- Play involving high-value items
- Physical contact involving the dog's face

During these scenarios, dogs may be more sensitive to disturbance or perceived threat, increasing the likelihood of defensive behavior¹⁶.

The presence of resources such as food or toys introduces additional risk. Resource guarding behavior may occur when a dog perceives that access to valued items is threatened¹⁵.

Environmental design plays a critical role in prevention. The use of physical barriers—such as gates or separate rooms—can limit exposure and create controlled interaction zones¹⁶.

Designated spaces for the dog are particularly important. Dogs require areas where they can rest without interruption. When these spaces are respected, stress is reduced and the likelihood of escalation decreases¹⁷.

Supervision alone is not sufficient in poorly managed environments. Without structural controls, even attentive supervision may fail to prevent rapid escalation.

The home environment should therefore be structured to reduce reliance on constant monitoring. This includes limiting access during high-risk times and creating predictable interaction patterns.

Ultimately, environmental conditions set the baseline level of risk. A well-managed environment reduces exposure and supports safer interaction between children and dogs.



Chapter 4 — The Escalation Ladder: From Signal to Bite

Dog bite incidents rarely occur without preceding signals. Instead, they follow a progression of behavioral changes commonly referred to as the escalation ladder²⁴.

This progression reflects increasing levels of stress and perceived threat. Each stage represents an attempt by the dog to communicate discomfort and create distance from the stimulus.

The escalation ladder typically begins with subtle avoidance behaviors. These may include:

- Turning away
- Moving away
- Avoiding eye contact

These early signals are often missed or misinterpreted by humans²⁴.

If the perceived threat continues, the dog may exhibit increased tension. This can include:

- Body stiffening
- Closed mouth
- Fixed gaze

At this stage, the dog is experiencing heightened stress but has not yet escalated to overt warning signals²⁵.

As stress increases further, the dog may display clear warning behaviors such as:

- Growling
- Showing teeth
- Snapping

These behaviors are attempts to increase distance and avoid physical conflict²⁶.

If these warnings are ignored or suppressed, the dog may proceed to a bite.

Importantly, each stage of the escalation ladder provides an opportunity for intervention. When early signals are recognized and acted upon, escalation can be interrupted before injury occurs²⁴.

Failure to recognize or respect these signals removes the dog's ability to communicate effectively. In some cases, dogs that are punished for warning behaviors may skip these stages entirely, resulting in a bite without obvious warning.

Children are particularly likely to trigger escalation due to behaviors such as:

- Close physical contact
- Unpredictable movement
- Direct eye contact
- Interference with resources

These actions may be perceived as threatening by the dog, even when no harm is intended²⁶.

Understanding the escalation ladder shifts prevention from reactive to proactive. Rather than responding to bites, adults can intervene at earlier stages.

Education and awareness are critical. Adults must be able to identify each stage of escalation and respond appropriately.

Ultimately, the escalation ladder demonstrates that dog bite incidents are not sudden or random events. They are the result of progression that, when understood, can be interrupted.



Chapter 5 — The Most Common and Predictable Bite Scenarios

Analysis of dog bite incidents reveals recurring patterns of interaction that lead to injury³⁰. These scenarios reflect predictable combinations of behavior, environment, and supervision.

The ten most common scenarios include:

1. A child approaches a dog while it is eating
2. A child disturbs a sleeping dog
3. A child attempts to take a toy or food item
4. A child hugs or climbs on a dog
5. A child places their face close to the dog's face
6. A child approaches a dog without supervision
7. A child interacts with a dog during high-energy play
8. A child encounters an unfamiliar dog
9. A child interferes with a dog caring for puppies
10. A child startles a dog

Each of these scenarios involves a breakdown in one or more components of prevention, including supervision, environmental management, or education³¹.

These scenarios share common elements:

- Close proximity between child and dog
- Lack of awareness of canine signals
- Increased stress or arousal in the dog

The repetition of these scenarios across incidents demonstrates that dog bites are not random events but follow identifiable patterns³².

Understanding these patterns allows for targeted prevention.

For example:

- Preventing access during feeding addresses scenario one
- Ensuring dogs are not disturbed while resting addresses scenario two
- Teaching children not to approach dogs without permission addresses multiple scenarios

These scenarios also highlight the importance of adult responsibility. In most cases, the conditions leading to the bite were preventable.

Education, supervision, and environmental management work together to disrupt these patterns.

By identifying and addressing the most common scenarios, prevention efforts can focus on the situations where risk is highest. Ultimately, these scenarios provide a practical framework for understanding how and why dog bite incidents occur—and how they can be prevented



SECTION III — CORE PREVENTION SYSTEMS

Chapter 6 — Supervision: Why It Fails and How to Do It Correctly

Supervision is the most critical factor in preventing dog bite injuries in children¹⁸. However, it must be understood as an active, structured process—not passive presence.

Effective supervision consists of three simultaneous components:

- Attention — continuous visual monitoring
- Proximity — within immediate physical reach
- Understanding — the ability to recognize and interpret canine behavioral signals

If any one of these elements is absent, supervision is compromised.

Passive supervision, such as being in the same room while distracted, does not provide protection. Divided attention reduces the ability to detect early warning signals and delays intervention, often at the precise moment it is needed most¹⁹.

The necessity of active supervision is driven by the speed of escalation. Interactions between children and dogs can shift from neutral to dangerous within seconds. Supervision must therefore enable immediate physical intervention.

Certain conditions require heightened supervision or the complete prevention of interaction. These include:

- Feeding
- Sleeping or resting
- Interaction with unfamiliar dogs
- High-energy or unpredictable activity

In these scenarios, even brief lapses in attention can result in injury²⁰.

Supervision is especially critical for young children, who lack the developmental capacity to recognize risk, interpret canine signals, or regulate their own behavior consistently¹⁸. Adults must anticipate potential triggers and intervene before escalation begins.

A common misconception is that prior safe interaction reduces risk. In reality, repeated exposure without incident often leads to reduced vigilance and increased risk over time¹⁹. Each interaction must be treated as a new event, influenced by current conditions.

Consistency is essential. Supervision must be applied across all interactions and by all caregivers. Variability in supervision practices creates gaps in safety and increases the likelihood of failure.

Supervision does not operate in isolation. Its effectiveness depends on environmental management and education. Without structural controls, supervision becomes more difficult to sustain and less reliable in practice.

Ultimately, supervision is not a single action but a continuous process requiring attention, proximity, and informed awareness. When applied consistently and correctly, it is one of the most effective tools for preventing dog bite injuries.



Chapter 7 — Environmental Management: Structuring Safety in the Home

Environmental management is one of the most reliable and sustainable methods for reducing dog bite risk in children⁵⁴.

Unlike supervision, which depends on continuous human attention, environmental management creates structural conditions that limit risk automatically.

It is the design of the environment—not the behavior of the child or dog alone—that determines baseline safety.

Environmental management focuses on:

- Controlling access
- Defining boundaries
- Reducing high-risk interactions

The most effective tool is physical separation.

Barriers such as:

- Baby gates
- Playpens
- Doors

Create distinct zones for children and dogs.

These zones allow for controlled interaction rather than constant exposure.

Separation is not a measure of distrust—it is a safety strategy.

High-risk situations should always involve separation.

These include:

- Feeding
- Chewing high-value items
- Resting
- Periods of high activity

Dogs should have designated safe spaces where they can rest without interruption.

These spaces must be respected and inaccessible to children.

Similarly, children should have areas where they can play without interference from the dog.

This reduces unplanned interaction and startle responses⁵⁵.

Environmental management also involves controlling resources.

Items such as:

- Food
- Toys
- Bones

should not be accessible in shared spaces.

Removing or managing these items reduces conflict triggers.

Predictability is a key component.

Structured routines create stable conditions.

Feeding times, rest periods, and interaction times should be consistent.

This reduces stress for the dog and creates clearer expectations.

Environmental management must also address movement patterns.

Children should not have unrestricted access to the dog at all times.

Controlled access reduces exposure and allows for intentional interaction.

The dog's ability to retreat is essential.

Environments must allow the dog to:

- Move away
- Disengage
- Access safe spaces

Blocking escape increases risk.

Environmental changes require reassessment.

Events such as:

- New child
- New dog
- Visitors
- Changes in routine

alter the risk profile.

Management strategies must be updated accordingly.

Environmental design also supports supervision by reducing exposure and simplifying monitoring.

In multi-dog households, management becomes even more important.

Interactions between dogs can influence behavior toward children.

Environmental management reduces complexity and potential for redirected behavior.

Ultimately, environmental management establishes the foundation upon which all other prevention strategies are built.

A well-managed environment prevents risk before it begins.



Chapter 8 — High-Risk Conditions: When Interaction Must Not Occur

Dog bite incidents are more likely to occur in specific, identifiable scenarios²⁷. These situations share common characteristics that increase the likelihood of escalation and reduce the margin for error.

High-risk scenarios often involve conditions in which the dog perceives a threat to resources, safety, or personal space.

Common high-risk scenarios include:

- A child approaching a dog that is eating
- Disturbing a dog while sleeping
- Taking or attempting to take a toy or food item
- Physical contact involving the dog's face
- Interaction during periods of high excitement

These scenarios increase stress and reduce tolerance for interaction²⁸.

Resource guarding is a significant contributor to risk. Dogs may react defensively when they perceive that access to food, toys, or other valued items is threatened²⁷.

Sleeping dogs are also vulnerable to startle responses. Sudden disturbance may trigger a defensive reaction before the dog has time to assess the situation²⁸.

Face-to-face interaction is particularly dangerous, especially for young children. This positioning places the child within immediate reach of the dog's mouth and increases the severity of potential injury²⁹.

High-energy environments, such as play involving running or loud activity, can increase arousal levels in dogs. Elevated arousal reduces impulse control and increases the likelihood of reactive behavior²⁸.

Interactions with unfamiliar dogs introduce additional risk. Without prior knowledge of the dog's behavior or tolerance, it is difficult to predict response²⁹.

Even familiar dogs can become unpredictable under certain conditions. Illness, pain, or environmental stressors may alter behavior and reduce tolerance²⁷.

These scenarios are not inherently dangerous but become high-risk when combined with inadequate supervision or lack of environmental control.

Prevention involves recognizing these scenarios and modifying or avoiding them when necessary.

This may include:

- Preventing access during feeding
- Allowing dogs to rest undisturbed
- Supervising all interactions closely
- Avoiding face-to-face contact

By identifying and managing high-risk scenarios, the likelihood of escalation can be significantly reduced.



SECTION IV — TEACHING CHILDREN WITHIN DEVELOPMENTAL REALITY

Chapter 9 — What Young Children Can and Cannot Do

Young children can learn basic safety rules, but their developmental stage limits how consistently they can remember and apply those rules in real-life situations. A child may be able to repeat what they have been taught and still fail to follow it when excited, frightened, distracted, or focused on the dog.¹¹

For this reason, dog-safety education for children ages 0–5 must be built around realistic expectations. Young children should not be expected to judge whether a dog is safe, recognize every sign of canine discomfort, or reliably control their impulses during play. Subtle changes in posture, facial expression, movement, or tension may be difficult for them to notice or understand.¹³

Education should therefore focus on a small number of simple, concrete actions that children can remember and practice. Instructions such as **“Step Back, Give Space,” “No Face to Face,”** or moving away from a dog that is eating, resting, hiding, or trying to leave are more developmentally appropriate than asking a young child to interpret complex canine behavior.

Repetition is important. Visual examples, short phrases, adult modeling, and repeated practice can help children build safer habits. However, knowing a rule is not the same as being able to use it reliably. Even a child who has demonstrated understanding may forget the rule moments later when interacting with a familiar family dog.

This distinction is critical. Child education can contribute to prevention, but it cannot make a young child responsible for preventing a dog bite. Adults must remain responsible for supervision, managing the environment, recognizing changes in the dog's behavior, and intervening before an unsafe interaction develops.

The goal is not to teach a preschool child to become an expert in canine body language. It is to give the child a few simple, memorable behaviors that are within their developmental ability while ensuring that the adults around them remain the primary protectors.

Teach the child what the child can learn. Manage the risks the child cannot.



Chapter 10 — Teaching Safety Without Creating False Confidence

Teaching children how to interact safely with dogs is an essential component of prevention, but it must be understood within the context of developmental limitations⁵⁶.

Children, particularly those under five, are not capable of managing risk independently.

Education does not replace supervision or environmental management—it reinforces them⁵⁶.

The goal of teaching is not to transfer responsibility to the child, but to support safer interaction within a structured system.

Effective education must be:

- Age-appropriate
- Simple
- Consistent
- Repetitive

Young children learn best through:

- Visual cues
- Repetition
- Modeling behavior

Complex explanations are not effective.

Instead, clear, simple rules should be used.

Core safety rules include:

- Do not approach a dog that is eating
- Do not disturb a sleeping dog
- Do not put your face near a dog's face

- Do not take toys or food from a dog
- Always ask an adult before interacting with a dog

These rules should be reinforced consistently across all environments.

Children must also be taught how to interact appropriately when interaction is allowed.

This includes:

- Gentle petting
- Calm behavior
- Respecting boundaries

Demonstration is critical.

Adults should model safe interaction and guide children during practice.

Repetition reinforces learning.

Children require repeated exposure to safety messages over time⁵⁷.

This can be achieved through:

- Daily reinforcement
- Structured learning
- Educational media

Consistency across caregivers is essential.

All adults must reinforce the same rules.

Inconsistent messaging creates confusion and reduces effectiveness.

Education must also include recognition of when not to interact.

Children should understand that:

- Not all dogs are safe to approach
- Some situations require distance

However, recognition of canine signals remains limited in young children.

This reinforces the need for adult supervision.

Educational tools such as:

- Videos
- Stories
- Interactive content

can enhance learning.

These tools are particularly effective when designed for young audiences.

Importantly, education must be framed positively.

The goal is not to create fear, but to build understanding and respect.

Children should learn that dogs:

- Have feelings
- Need space
- Communicate in different ways

Education also extends to older children, who may have increased independence but still require guidance.

Ultimately, teaching children safe behavior supports prevention by reducing risky actions and reinforcing structured interaction.

Education strengthens prevention—but it does not replace adult responsibility.



SECTION V — ADULT RESPONSIBILITY

Chapter 11 — The Role of Parents: Where Responsibility Truly Sits

Parents hold the primary responsibility for preventing dog bite injuries in children⁵⁸. This responsibility is not shared equally with the child or the dog; it rests fundamentally with the adult who controls the environment, supervises interaction, and establishes behavioral expectations.

Young children do not have the developmental capacity to manage risk independently. They cannot reliably interpret canine signals, regulate impulses, or anticipate consequences. Therefore, prevention must be structured and enforced by parents at all times⁵⁸.

Parental responsibility begins with understanding risk.

Parents must recognize that:

- Most bites occur in familiar environments
- Known dogs present significant risk
- Prior safe interactions do not guarantee future safety

This understanding forms the foundation for all prevention strategies.

Supervision is the most visible component of parental responsibility.

Parents must provide:

- Continuous attention
- Close proximity
- Informed observation

Supervision must be active, not passive.

Environmental management is equally critical.

Parents are responsible for:

- Creating safe physical boundaries
- Controlling access between child and dog
- Managing high-risk situations

This includes the use of:

- Gates
- Barriers
- Designated spaces

Parents must also establish and enforce rules.

Children should be taught:

- When interaction is allowed
- How to interact safely
- When to avoid interaction

These rules must be consistent and reinforced daily.

Inconsistent enforcement increases risk.

Parental responsibility also includes understanding the dog.

This involves:

- Recognizing behavioral signals
- Monitoring changes in behavior
- Addressing potential risk factors

Parents must seek guidance when needed, including from:

- Veterinarians
- Behavioral specialists

Medical factors must not be overlooked.

Dogs experiencing pain or illness may have reduced tolerance. Parents must recognize changes in behavior and adjust interaction accordingly.

Another critical aspect is managing exposure.

Children and dogs should not have unrestricted access to one another.

Interaction should be:

- Intentional
- Supervised
- Structured

Parents must also manage external environments.

This includes:

- Interactions with unfamiliar dogs
- Visits to other homes
- Public spaces

Children should never approach a dog without adult guidance.

Parental responsibility extends to communication.

All caregivers must understand and follow the same safety protocols.

This includes:

- Family members
- Babysitters
- Visitors

Failure to communicate expectations creates gaps in safety.

Importantly, responsibility does not diminish over time.

As children grow, risk changes but does not disappear.

Parents must adapt strategies to reflect developmental changes.

Ultimately, parental responsibility is comprehensive.

It encompasses:

- Supervision
- Environment
- Education
- Awareness

Children depend entirely on adults to create safe conditions.

When parents understand and fulfill this role, the risk of dog bite injury is significantly reduced.



Chapter 12 — Caregivers, Visitors, and Transfer of Risk

Caregivers—including relatives, babysitters, childcare providers, and others responsible for supervising children—play a critical role in dog bite prevention⁶⁰.

While parents hold primary responsibility, caregivers must operate with the same level of awareness, consistency, and adherence to safety protocols.

A common point of failure in prevention systems occurs when responsibility is transferred without clear communication or consistent standards.

Caregivers must understand that:

- Dog-child interactions require active supervision
- Familiarity does not reduce risk
- Children cannot manage interactions independently

Caregivers should never assume that prior safe interactions indicate current safety.

Supervision standards must be identical to those applied by parents.

This includes:

- Continuous attention
- Close proximity
- Ability to intervene immediately

Distraction, divided attention, or physical distance compromises supervision.

Caregivers must also understand environmental management.

They should be familiar with:

- Physical boundaries within the home
- Designated safe spaces for the dog
- High-risk scenarios requiring separation

If these systems are not clearly communicated, caregivers must seek clarification before allowing interaction.

Assumptions increase risk.

Caregivers must also enforce rules consistently.

Children should receive the same guidance regardless of who is supervising.

Inconsistent enforcement leads to confusion and increases the likelihood of unsafe behavior.

Communication between parents and caregivers is essential.

Parents must provide:

- Clear instructions
- Defined boundaries
- Specific guidance on interaction

Caregivers must confirm understanding and follow these instructions precisely.

Deviation from established protocols introduces risk.

Caregivers should also be aware of changes in conditions.

These may include:

- Dog behavior changes
- Environmental differences
- Increased activity levels

Any change should prompt increased caution.

In situations where caregivers are uncertain, the default action should be to prevent interaction.

Erring on the side of caution is a key principle in prevention⁶¹.

Caregivers must also manage interactions outside the home.

This includes:

- Visits to other households
- Public spaces
- Encounters with unfamiliar dogs

Children should not be allowed to approach dogs without adult guidance.

Professional caregivers, such as daycare providers, have additional responsibilities.

They must adhere to:

- Institutional policies
- Safety protocols
- Regulatory requirements

Training and education are essential for these roles.

Ultimately, caregivers act as extensions of parental responsibility.

When caregivers apply the same standards as parents, prevention systems remain intact.

When they do not, gaps emerge—and risk increases.



SECTION VI — CONSEQUENCES

Chapter 13 — Physical Injury: The Medical Reality

Dog bite injuries in children can result in significant physical trauma, ranging from minor wounds to severe, life-altering injuries³³.

Children are particularly vulnerable to injury due to their size and anatomical proportions. Bites are more likely to involve the head, face, and neck, which can result in complex injuries requiring specialized medical care³⁴.

Common types of injuries include:

- Lacerations
- Puncture wounds
- Crush injuries
- Avulsions (tearing of tissue)

These injuries may involve damage to:

- Skin and soft tissue
- Muscles
- Nerves
- Blood vessels

In severe cases, injuries may affect the airway or result in significant blood loss³³.

Facial injuries are of particular concern. They often require reconstructive surgery and may result in permanent scarring or disfigurement³⁵.

The risk of infection is also significant. Dog bites introduce bacteria into the wound, which can lead to complications if not treated promptly.

Medical management may include:

- Wound cleaning and debridement
- Suturing or surgical repair
- Antibiotic therapy
- Tetanus prophylaxis

In some cases, multiple surgical procedures may be required over time to address functional and cosmetic outcomes³⁵.

Hospitalization may be necessary for severe injuries, particularly those involving the head and neck or requiring surgical intervention.

Beyond immediate treatment, long-term medical care may be required. This can include:

- Follow-up surgeries
- Scar management
- Rehabilitation

The severity of injury is influenced by multiple factors, including:

- The size and strength of the dog
- The location of the bite
- The duration of the incident

Prompt medical attention is critical in reducing complications and improving outcomes.

Ultimately, the physical impact of dog bite injuries underscores the importance of prevention. Even a single incident can result in lasting consequences.



Chapter 14 — Psychological Impact: The Lasting Effects

In addition to physical injury, dog bite incidents can have significant psychological and emotional effects on children and their families³⁶.

Children who experience dog bites may develop:

- Fear of dogs
- Anxiety
- Post-traumatic stress symptoms

These responses can persist long after physical wounds have healed.

The psychological impact is influenced by factors such as:

- Severity of the injury
- Age of the child
- Circumstances of the incident

Traumatic experiences involving animals can alter a child's perception of safety and affect future interactions with animals.

Symptoms may include:

- Nightmares
- Avoidance behavior
- Increased anxiety in situations involving dogs

In some cases, professional psychological support may be required.

The emotional impact extends beyond the child.

Parents and caregivers may experience:

- Guilt
- Anxiety
- Stress

These reactions may affect family dynamics and the overall recovery process.

The presence of a family dog can complicate emotional responses. Families may face difficult decisions regarding:

- Continued interaction
- Behavioral intervention
- Rehoming

These decisions can be emotionally challenging and may have long-term implications.

Psychological recovery may require time and support. Early intervention can help mitigate long-term effects and support adjustment.

Public health frameworks recognize psychological trauma as a significant component of injury impact³⁷.

Addressing psychological effects is therefore an important aspect of comprehensive care.

Ultimately, the emotional consequences of dog bite incidents reinforce the importance of prevention—not only to avoid physical injury, but also to protect long-term psychological well-being.



SECTION VII — CONCLUSION

Chapter 15 — A Preventable Future

Dog bite injuries in children are a widespread and serious problem, but they are not inevitable⁶⁷.

The evidence presented throughout this Guide demonstrates that these incidents are highly predictable, influenced by identifiable risk factors, and, in most cases, preventable⁶⁸.

The patterns are clear:

- Young children are at highest risk
- Most incidents occur in familiar environments
- Known dogs are frequently involved
- Escalation follows recognizable behavioral pathways
- Supervision failures and environmental conditions are central contributors

These are not random events.

They are structured outcomes that can be changed.

Prevention requires a shift in perspective.

Rather than viewing dog bites as isolated incidents, they must be understood as the result of:

- Interaction dynamics
- Environmental conditions
- Human decision-making

The framework presented in this Guide is built on three core pillars:

- Supervision
- Environmental management
- Education

These elements are most effective when applied together.

Responsibility lies with adults.

Children do not have the capacity to manage these risks independently.

Parents, caregivers, professionals, and institutions must work together to create safe conditions.

This is not a matter of blame—it is a matter of structure.

The global dimension adds urgency.

In many parts of the world, dog bites carry not only the risk of injury but also the risk of fatal disease, such as rabies.

Scaling prevention is essential.

Digital tools, educational systems, healthcare networks, and public health initiatives provide pathways to reach large populations.

Ultimately, prevention is achievable.

It requires:

- Awareness
- Structure
- Consistency

Remember

A child will face many challenges in life.

A preventable injury should not be one of them.



Master Source List

1. Centers for Disease Control and Prevention (CDC).
Nonfatal Dog Bite–Related Injuries Treated in Hospital Emergency Departments — United States, 2001.
DOI: Not available
HTML: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5226a1.htm>
PDF: <https://www.cdc.gov/mmwr/pdf/wk/mm5226.pdf>
2. Gilchrist J, Sacks JJ, White D, Kresnow MJ.
Dog bites: still a problem? Injury Prevention. 2008;14(5):296–301.
DOI: <https://doi.org/10.1136/ip.2007.016220>
HTML: <https://injuryprevention.bmj.com/content/14/5/296>
PDF: <https://injuryprevention.bmj.com/content/injuryprev/14/5/296.full.pdf>
3. World Health Organization (WHO).
Rabies Fact Sheet.
DOI: Not available
HTML: <https://www.who.int/news-room/fact-sheets/detail/rabies>
PDF: <https://www.who.int/docs/default-source/documents/rabies-fact-sheet.pdf>
4. Hampson K, Coudeville L, Lembo T, et al.
Estimating the global burden of endemic canine rabies. PLOS Neglected Tropical Diseases. 2015;9(4):e0003709.
DOI: <https://doi.org/10.1371/journal.pntd.0003709>
HTML: <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0003709>
PDF: <https://journals.plos.org/plosntds/article/file?id=10.1371/journal.pntd.0003709&type=printable>
5. Reisner IR, Nance ML, Zeller JS, Houseknecht EM, Kassam-Adams N, Wiebe DJ.
Behavioural characteristics associated with dog bites to children. Injury Prevention. DOI: <https://doi.org/10.1136/ip.2010.030742>
HTML: <https://injuryprevention.bmj.com/content/17/5/348>
PDF: <https://injuryprevention.bmj.com/content/injuryprev/17/5/348.full.pdf>

6. American Veterinary Medical Association (AVMA).
Dog Bite Prevention.
DOI: Not available
HTML: <https://www.avma.org/resources-tools/pet-owners/dog-bite-prevention>
PDF: <https://www.avma.org/sites/default/files/2020-03/dogbite.pdf>
7. Dodman NH, Brown DC.
Serotonin, aggression, and stress in dogs. Veterinary Clinics of North America: Small Animal Practice.
DOI: <https://doi.org/10.1016/j.cvsm.2016.01.001>
HTML: <https://www.sciencedirect.com/science/article/pii/S019556161600002X>
PDF: Subscription / institutional access
8. Overall KL.
Manual of Clinical Behavioral Medicine for Dogs and Cats. Elsevier.
DOI: Not applicable
HTML: <https://www.elsevier.com/books/manual-of-clinical-behavioral-medicine-for-dogs-and-cats/overall/9780323240658>
PDF: Not publicly available
9. Reisner IR, Nance ML, Zeller JS, Houseknecht EM, Kassam-Adams N, Wiebe DJ.
Behavioural characteristics associated with dog bites to children. Injury Prevention.
DOI: <https://doi.org/10.1136/ip.2010.030742>
HTML: <https://injuryprevention.bmj.com/content/17/5/348>
PDF: <https://injuryprevention.bmj.com/content/injuryprev/17/5/348.full.pdf>
10. Messam LLMV, Kass PH, Chomel BB, Hart LA.
Factors associated with bites to a child from a dog living in the same home. Frontiers in Veterinary Science. 2018.
DOI: <https://doi.org/10.3389/fvets.2018.00066>
HTML: <https://www.frontiersin.org/articles/10.3389/fvets.2018.00066/full>
PDF: <https://www.frontiersin.org/articles/10.3389/fvets.2018.00066/pdf>
11. American Academy of Pediatrics (AAP).
Dog Bite Prevention Tips.
DOI: Not available
HTML: <https://www.healthychildren.org/English/safety-prevention/all-around/Pages/Dog-Bite-Prevention-Tips.aspx>
PDF: Not available
12. American Academy of Pediatrics (AAP).
Prevention of Dog Bites in Children. Pediatrics.
DOI: <https://doi.org/10.1542/peds.2012-2552>
HTML: <https://publications.aap.org/pediatrics/article/130/6/e1647/30983>
PDF: https://publications.aap.org/pediatrics/article-pdf/130/6/e1647/1060367/peds_2012-2552.pdf
13. Reisner IR, Nance ML, Zeller JS, Houseknecht EM, Kassam-Adams N, Wiebe DJ.
Behavioural characteristics associated with dog bites to children. Injury Prevention.
DOI: <https://doi.org/10.1136/ip.2010.030742>
HTML: <https://injuryprevention.bmj.com/content/17/5/348>
PDF: <https://injuryprevention.bmj.com/content/injuryprev/17/5/348.full.pdf>

14. Gilchrist J, Sacks JJ, White D, Kresnow MJ.
Dog bites: still a problem? *Injury Prevention*. 2008;14(5):296–301.
DOI: <https://doi.org/10.1136/ip.2007.016220>
HTML: <https://injuryprevention.bmj.com/content/14/5/296>
PDF: <https://injuryprevention.bmj.com/content/injuryprev/14/5/296.full.pdf>
15. Messam LLMV, Kass PH, Chomel BB, Hart LA.
Factors associated with bites to a child from a dog living in the same home. *Frontiers in Veterinary Science*. 2018.
DOI: <https://doi.org/10.3389/fvets.2018.00066>
HTML: <https://www.frontiersin.org/articles/10.3389/fvets.2018.00066/full>
PDF: <https://www.frontiersin.org/articles/10.3389/fvets.2018.00066/pdf>
16. American Veterinary Medical Association (AVMA).
Dog Bite Prevention.
DOI: Not available
HTML: <https://www.avma.org/resources-tools/pet-owners/dog-bite-prevention>
PDF: <https://www.avma.org/sites/default/files/2020-03/dogbite.pdf>
17. World Health Organization (WHO) / UNICEF.
World Report on Child Injury Prevention.
DOI: Not available
HTML: <https://www.who.int/publications/i/item/9789241563574>
PDF: https://apps.who.int/iris/bitstream/handle/10665/43851/9789241563574_eng.pdf
18. American Academy of Pediatrics (AAP).
Dog Bite Prevention Tips.
DOI: Not available
HTML: <https://www.healthychildren.org/English/safety-prevention/all-around/Pages/Dog-Bite-Prevention-Tips.aspx>
PDF: Not available
19. Centers for Disease Control and Prevention (CDC).
Injury Prevention & Control.
DOI: Not applicable
HTML: <https://www.cdc.gov/injury/index.html>
PDF: Not applicable
20. World Health Organization (WHO) / UNICEF.
World Report on Child Injury Prevention.
DOI: Not available
HTML: <https://www.who.int/publications/i/item/9789241563574>
PDF: https://apps.who.int/iris/bitstream/handle/10665/43851/9789241563574_eng.pdf
21. Overall KL.
Manual of Clinical Behavioral Medicine for Dogs and Cats. Elsevier.
DOI: Not applicable
HTML: <https://www.elsevier.com/books/manual-of-clinical-behavioral-medicine-for-dogs-and-cats/overall/9780323240658>
PDF: Not publicly available
22. Dodman NH, Brown DC.
Serotonin, aggression, and stress in dogs. *Veterinary Clinics of North America: Small Animal Practice*.

- DOI: <https://doi.org/10.1016/j.cvsm.2016.01.001>
HTML: <https://www.sciencedirect.com/science/article/pii/S019556161600002X>
PDF: Subscription / institutional access
23. Messam LLMV, Kass PH, Chomel BB, Hart LA.
Factors associated with bites to a child from a dog living in the same home. *Frontiers in Veterinary Science*. 2018.
DOI: <https://doi.org/10.3389/fvets.2018.00066>
HTML: <https://www.frontiersin.org/articles/10.3389/fvets.2018.00066/full>
PDF: <https://www.frontiersin.org/articles/10.3389/fvets.2018.00066/pdf>
24. Overall KL.
Manual of Clinical Behavioral Medicine for Dogs and Cats. Elsevier.
DOI: Not applicable
HTML: <https://www.elsevier.com/books/manual-of-clinical-behavioral-medicine-for-dogs-and-cats/overall/9780323240658>
PDF: Not publicly available
25. Dodman NH, Brown DC.
Serotonin, aggression, and stress in dogs. *Veterinary Clinics of North America: Small Animal Practice*.
DOI: <https://doi.org/10.1016/j.cvsm.2016.01.001>
HTML: <https://www.sciencedirect.com/science/article/pii/S019556161600002X>
PDF: Subscription / institutional access
26. Reisner IR, Nance ML, Zeller JS, Houseknecht EM, Kassam-Adams N, Wiebe DJ.
Behavioural characteristics associated with dog bites to children. *Injury Prevention*.
DOI: <https://doi.org/10.1136/ip.2010.030742>
HTML: <https://injuryprevention.bmj.com/content/17/5/348>
PDF: <https://injuryprevention.bmj.com/content/injuryprev/17/5/348.full.pdf>
27. Messam LLMV, Kass PH, Chomel BB, Hart LA.
Factors associated with bites to a child from a dog living in the same home. *Frontiers in Veterinary Science*. 2018.
DOI: <https://doi.org/10.3389/fvets.2018.00066>
HTML: <https://www.frontiersin.org/articles/10.3389/fvets.2018.00066/full>
PDF: <https://www.frontiersin.org/articles/10.3389/fvets.2018.00066/pdf>
28. American Veterinary Medical Association (AVMA).
Dog Bite Prevention.
DOI: Not available
HTML: <https://www.avma.org/resources-tools/pet-owners/dog-bite-prevention>
PDF: <https://www.avma.org/sites/default/files/2020-03/dogbite.pdf>
29. American Academy of Pediatrics (AAP).
Prevention of Dog Bites in Children. *Pediatrics*.
DOI: <https://doi.org/10.1542/peds.2012-2552>
HTML: <https://publications.aap.org/pediatrics/article/130/6/e1647/30983>
PDF: https://publications.aap.org/pediatrics/article-pdf/130/6/e1647/1060367/peds_2012-2552.pdf
30. American Veterinary Medical Association (AVMA).
Dog Bite Prevention.
DOI: Not available

- HTML: <https://www.avma.org/resources-tools/pet-owners/dog-bite-prevention>
PDF: <https://www.avma.org/sites/default/files/2020-03/dogbite.pdf>
31. Messam LLMV, Kass PH, Chomel BB, Hart LA.
Factors associated with bites to a child from a dog living in the same home. *Frontiers in Veterinary Science*. 2018.
DOI: <https://doi.org/10.3389/fvets.2018.00066>
HTML: <https://www.frontiersin.org/articles/10.3389/fvets.2018.00066/full>
PDF: <https://www.frontiersin.org/articles/10.3389/fvets.2018.00066/pdf>
32. American Academy of Pediatrics (AAP).
Prevention of Dog Bites in Children. *Pediatrics*.
DOI: <https://doi.org/10.1542/peds.2012-2552>
HTML: <https://publications.aap.org/pediatrics/article/130/6/e1647/30983>
PDF: https://publications.aap.org/pediatrics/article-pdf/130/6/e1647/1060367/peds_2012-2552.pdf
33. National Institutes of Health (NIH) / PubMed Central.
Dog Bite Injuries in Children — Clinical and Epidemiological Studies.
DOI: Varies by article
HTML: <https://www.ncbi.nlm.nih.gov/pmc/>
PDF: Available per article
34. Gilchrist J, Sacks JJ, White D, Kresnow MJ.
Dog bites: still a problem? *Injury Prevention*. 2008;14(5):296–301.
DOI: <https://doi.org/10.1136/ip.2007.016220>
HTML: <https://injuryprevention.bmj.com/content/14/5/296>
PDF: <https://injuryprevention.bmj.com/content/injuryprev/14/5/296.full.pdf>
35. American Academy of Pediatrics (AAP).
Prevention of Dog Bites in Children. *Pediatrics*.
DOI: <https://doi.org/10.1542/peds.2012-2552>
HTML: <https://publications.aap.org/pediatrics/article/130/6/e1647/30983>
PDF: https://publications.aap.org/pediatrics/article-pdf/130/6/e1647/1060367/peds_2012-2552.pdf
36. National Institutes of Health (NIH) / PubMed Central.
Dog Bite Injuries in Children — Clinical and Epidemiological Studies.
DOI: Varies by article
HTML: <https://www.ncbi.nlm.nih.gov/pmc/>
PDF: Available per article
37. World Health Organization (WHO) / UNICEF.
World Report on Child Injury Prevention.
DOI: Not available
HTML: <https://www.who.int/publications/i/item/9789241563574>
PDF: https://apps.who.int/iris/bitstream/handle/10665/43851/9789241563574_eng.pdf
38. Insurance Information Institute / State Farm.
Dog-related injury claim payouts hit \$1.12 billion in 2023.
DOI: Not available
HTML: <https://www.iii.org/press-release/triple-i-dog-related-injury-claim-payouts-hit-112-billion-in-2023-040824>
PDF: Not available

39. Centers for Disease Control and Prevention (CDC).
Nonfatal Dog Bite–Related Injuries Treated in Hospital Emergency Departments — United States, 2001.
DOI: Not available
HTML: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5226a1.htm>
PDF: <https://www.cdc.gov/mmwr/pdf/wk/mm5226.pdf>
40. Centers for Disease Control and Prevention (CDC).
Injury Prevention & Control.
DOI: Not applicable
HTML: <https://www.cdc.gov/injury/index.html>
PDF: Not applicable
41. American Bar Association (ABA).
Tort Trial & Insurance Practice Section — Animal Law Resources.
DOI: Not applicable
HTML: https://www.americanbar.org/groups/tort_trial_insurance_practice/resources/
PDF: Not applicable
42. Insurance Information Institute / State Farm.
Dog-related injury claim payouts hit \$1.12 billion in 2023.
DOI: Not available
HTML: <https://www.iii.org/press-release/triple-i-dog-related-injury-claim-payouts-hit-112-billion-in-2023-040824>
PDF: Not available
43. World Health Organization (WHO) / UNICEF.
World Report on Child Injury Prevention.
DOI: Not available
HTML: <https://www.who.int/publications/i/item/9789241563574>
PDF: https://apps.who.int/iris/bitstream/handle/10665/43851/9789241563574_eng.pdf
44. Centers for Disease Control and Prevention (CDC).
Prevent Dog Bites.
DOI: Not available
HTML: <https://www.cdc.gov/healthypets/pets/dogs/prevent-dog-bites.html>
PDF: Not available
45. American Veterinary Medical Association (AVMA).
Dog Bite Prevention.
DOI: Not available
HTML: <https://www.avma.org/resources-tools/pet-owners/dog-bite-prevention>
PDF: <https://www.avma.org/sites/default/files/2020-03/dogbite.pdf>
46. American Academy of Pediatrics (AAP).
Prevention of Dog Bites in Children. Pediatrics.
DOI: <https://doi.org/10.1542/peds.2012-2552>
HTML: <https://publications.aap.org/pediatrics/article/130/6/e1647/30983>
PDF: https://publications.aap.org/pediatrics/article-pdf/130/6/e1647/1060367/peds_2012-2552.pdf
47. Overall KL.
Manual of Clinical Behavioral Medicine for Dogs and Cats. Elsevier.
DOI: Not applicable

- HTML: <https://www.elsevier.com/books/manual-of-clinical-behavioral-medicine-for-dogs-and-cats/overall/9780323240658>
PDF: Not publicly available
48. Dodman NH, Brown DC.
Serotonin, aggression, and stress in dogs. Veterinary Clinics of North America: Small Animal Practice.
DOI: <https://doi.org/10.1016/j.cvsm.2016.01.001>
HTML: <https://www.sciencedirect.com/science/article/pii/S019556161600002X>
PDF: Subscription / institutional access
49. World Health Organization (WHO).
Rabies Fact Sheet.
DOI: Not available
HTML: <https://www.who.int/news-room/fact-sheets/detail/rabies>
PDF: <https://www.who.int/docs/default-source/documents/rabies-fact-sheet.pdf>
50. Hampson K, Coudeville L, Lembo T, et al.
Estimating the global burden of endemic canine rabies. PLOS Neglected Tropical Diseases. 2015;9(4):e0003709.
DOI: <https://doi.org/10.1371/journal.pntd.0003709>
HTML: <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0003709>
PDF: <https://journals.plos.org/plosntds/article/file?id=10.1371/journal.pntd.0003709&type=printable>
51. World Health Organization (WHO) / UNICEF.
World Report on Child Injury Prevention.
DOI: Not available
HTML: <https://www.who.int/publications/i/item/9789241563574>
PDF: https://apps.who.int/iris/bitstream/handle/10665/43851/9789241563574_eng.pdf
52. American Academy of Pediatrics (AAP).
Dog Bite Prevention Tips.
DOI: Not available
HTML: <https://www.healthychildren.org/English/safety-prevention/all-around/Pages/Dog-Bite-Prevention-Tips.aspx>
PDF: Not available
53. Centers for Disease Control and Prevention (CDC).
Injury Prevention & Control.
DOI: Not applicable
HTML: <https://www.cdc.gov/injury/index.html>
PDF: Not applicable
54. American Veterinary Medical Association (AVMA).
Dog Bite Prevention.
DOI: Not available
HTML: <https://www.avma.org/resources-tools/pet-owners/dog-bite-prevention>
PDF: <https://www.avma.org/sites/default/files/2020-03/dogbite.pdf>
55. World Health Organization (WHO) / UNICEF.
World Report on Child Injury Prevention.
DOI: Not available

- HTML: <https://www.who.int/publications/i/item/9789241563574>
PDF: https://apps.who.int/iris/bitstream/handle/10665/43851/9789241563574_eng.pdf
56. American Academy of Pediatrics (AAP).
Dog Bite Prevention Tips.
DOI: Not available
HTML: <https://www.healthychildren.org/English/safety-prevention/all-around/Pages/Dog-Bite-Prevention-Tips.aspx>
PDF: Not available
57. Centers for Disease Control and Prevention (CDC).
Prevent Dog Bites.
DOI: Not available
HTML: <https://www.cdc.gov/healthypets/pets/dogs/prevent-dog-bites.html>
PDF: Not available
58. American Academy of Pediatrics (AAP).
Dog Bite Prevention Tips.
DOI: Not available
HTML: <https://www.healthychildren.org/English/safety-prevention/all-around/Pages/Dog-Bite-Prevention-Tips.aspx>
PDF: Not available
59. American Veterinary Medical Association (AVMA).
Dog Bite Prevention.
DOI: Not available
HTML: <https://www.avma.org/resources-tools/pet-owners/dog-bite-prevention>
PDF: <https://www.avma.org/sites/default/files/2020-03/dogbite.pdf>
60. American Academy of Pediatrics (AAP).
Dog Bite Prevention Tips.
DOI: Not available
HTML: <https://www.healthychildren.org/English/safety-prevention/all-around/Pages/Dog-Bite-Prevention-Tips.aspx>
PDF: Not available
61. World Health Organization (WHO) / UNICEF.
World Report on Child Injury Prevention.
DOI: Not available
HTML: <https://www.who.int/publications/i/item/9789241563574>
PDF: https://apps.who.int/iris/bitstream/handle/10665/43851/9789241563574_eng.pdf
62. World Health Organization (WHO) / UNICEF.
World Report on Child Injury Prevention.
DOI: Not available
HTML: <https://www.who.int/publications/i/item/9789241563574>
PDF: https://apps.who.int/iris/bitstream/handle/10665/43851/9789241563574_eng.pdf
63. Centers for Disease Control and Prevention (CDC).
Injury Prevention & Control.
DOI: Not applicable
HTML: <https://www.cdc.gov/injury/index.html>
PDF: Not applicable

64. World Health Organization (WHO).
Rabies Fact Sheet.
DOI: Not available
HTML: <https://www.who.int/news-room/fact-sheets/detail/rabies>
PDF: <https://www.who.int/docs/default-source/documents/rabies-fact-sheet.pdf>
65. Hampson K, Coudeville L, Lembo T, et al.
Estimating the global burden of endemic canine rabies. PLOS Neglected Tropical Diseases. 2015;9(4):e0003709.
DOI: <https://doi.org/10.1371/journal.pntd.0003709>
HTML: <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0003709>
PDF: <https://journals.plos.org/plosntds/article/file?id=10.1371/journal.pntd.0003709&type=printable>
66. World Health Organization (WHO) / UNICEF.
World Report on Child Injury Prevention.
DOI: Not available
HTML: <https://www.who.int/publications/i/item/9789241563574>
PDF: https://apps.who.int/iris/bitstream/handle/10665/43851/9789241563574_eng.pdf
67. Gilchrist J, Sacks JJ, White D, Kresnow MJ.
Dog bites: still a problem? Injury Prevention. 2008;14(5):296–301.
DOI: <https://doi.org/10.1136/ip.2007.016220>
HTML: <https://injuryprevention.bmj.com/content/14/5/296>
PDF: <https://injuryprevention.bmj.com/content/injuryprev/14/5/296.full.pdf>
68. American Academy of Pediatrics (AAP).
Prevention of Dog Bites in Children. Pediatrics.
DOI: <https://doi.org/10.1542/peds.2012-2552>
HTML: <https://publications.aap.org/pediatrics/article/130/6/e1647/30983>
PDF: https://publications.aap.org/pediatrics/article-pdf/130/6/e1647/1060367/peds_2012-2552.pdf