

# PROGRAM GUIDE



PREVENTATIVE PROGRAM ON SHAKEN BABY SYNDROME

## CONSEQUENCES OF RAGE



*Shaken Baby Association, Inc.*



## HOME BASED PROGRAM

Wisconsin is one of only a handful of states that requires schools, daycare centers and hospitals to deliver instruction about Shaken Baby Syndrome (SBS). The Wisconsin legislation passed a law in 2006 that required this education. While we wholeheartedly support the intent of the legislation, the fact is, there's no state funding available to support or police its implementation. With this program, we're uniquely positioned to change that so this home program is a step in fulfilling the intent of this law.

Shaken Baby Association has partnered with SERVE Marketing and Association for the Rights of Citizens with handicaps (ARCh) to debunk myths about Shaken Baby Syndrome and sharing SBS prevention strategies for more than a decade. It's working.

We've delivered the message to parents and groups over the years and based on their input, we continually refine our presentation to deliver the most relevant, impactful story about SBS prevention. It's working! In areas where we've delivered the SBS program, we've clearly getting through to the next generation of parents and caregivers.

This comprehensive SBS preventative program is for parents, caregivers and home visitors. Take a few minutes to view it! Together we will save lives and save dollars.





**DISCUSSION:**

*How did that feel to hear the baby cry?*

- Scale of 1 – 10

#1 - It doesn't bother me at all

#5 - I'm concerned

#10 - I want it to stop right now, it bothers me

*What do you think happens next?*

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**IN A SINGLE MOMENT...**

- A single moment of uncontrolled frustration can take a life
- A single hour of education can save one

**HELP US SAVE LIVES**

Meet Mia: 



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Play "Meet Mia" video

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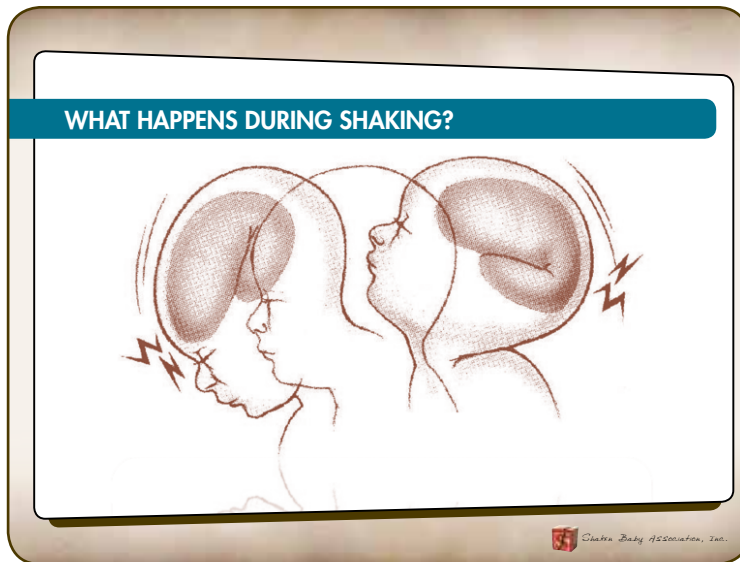
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**DISCUSSION:**

This is a diagram of how an infant's brain moves inside her/his head when she/he is shaken.

The shaking has its most serious effects on the entire brain because different parts of the brain move at different speeds and in different directions. The brain not only moves back and forth but it also moves from side to side. The brain inside the skull moves faster than the skull which can cause tearing of the different layers of the brain resulting in damage to the brain cells.

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MOST COMMON INJURIES

The most common injuries of Shaken Baby Syndrome/ Abusive Head Trauma are:

- bleeding in the space between the brain and the skull
- brain injury causing swelling of the brain
- bleeding in the retinas in the back of the eyes




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**DISCUSSION:**

*So what are the effects of these injuries?*

Abusive Head Trauma often causes irreversible damage, and about 1 out of every 4 cases results in the child's death.

Children who survive may have:

- partial or total blindness
- hearing loss
- seizures
- developmental delays
- impaired intellect
- speech and learning difficulties
- problems with memory and attention
- severe mental retardation
- cerebral palsy

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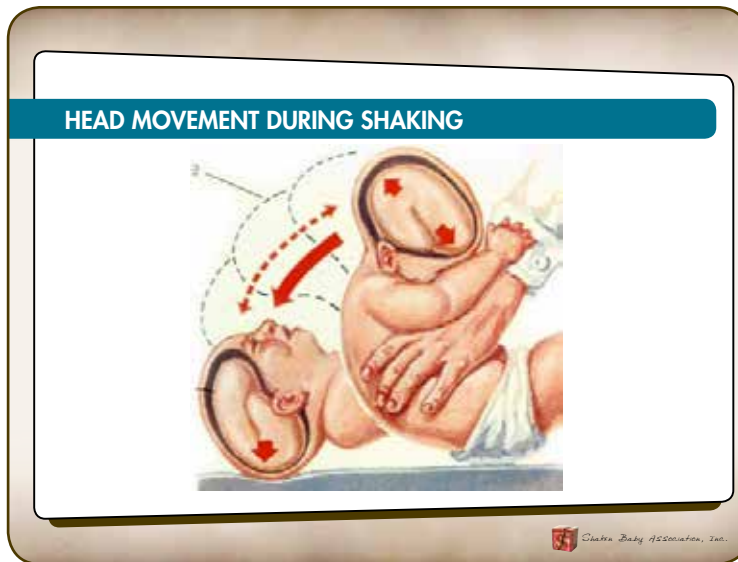
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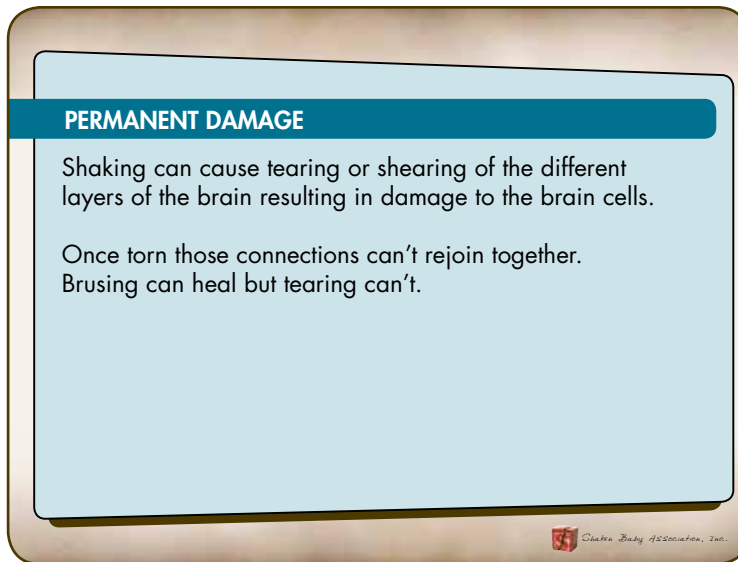




**DISCUSSION:**

These photos of a doll show how an infant's head moves when violently shaken. Notice how far forward and backward the head moves. The weight of the infant's head, weak neck muscles and the size difference between the adult and the infant all contribute to the effect.





### OPTIONAL ACTIVITY

For this activity you will need:.

- An egg
- A small (snack-size) plastic, clear bowl with a lid

*In advance, crack and place egg inside the bowl*

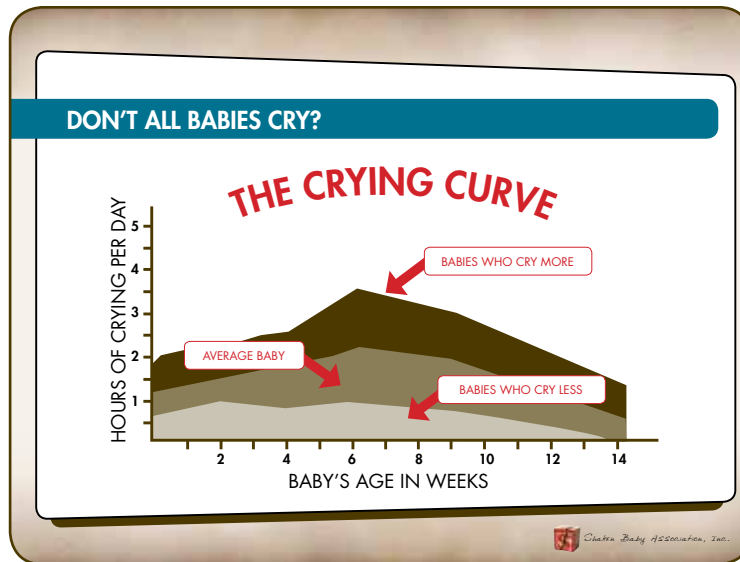
Discuss some of the falling accidents that occur with babies. Include falling from a couch, a bed or a changing table. Use the slide to demonstrate the dramatic movement of the infant's head during shaking vs the relatively minor movement during a fall.

Explain that the egg in the bowl represents the baby's brain inside of the skull. The plastic bowl is the hard skull. The egg is the delicate brain tissue. When an infant is born, there is space between the skull and the brain so that the brain isn't damaged during the birthing process, and that's what the air space within the bowl represents. The large skull also allows room for the baby's brain to grow.

Ask the parent to shake the egg as hard as s/he can for 2 seconds, then 5 seconds, then 10 seconds. Crack the egg. Compare the egg prior to shaking to the egg after each subsequent period of shaking. Discuss how the consistency of the egg has changed and how it is impossible to get the egg back to its original form.







All babies are different. All babies cry. Crying is a normal developmental activity just like sitting or crawling.

A great deal of research has been done about infant crying to find out what can be considered normal. This diagram shows what is called the "crying curve." It shows that crying normally starts to increase at about 2 weeks of age, peaks in intensity during the second month, and decreases a lot by the fourth or fifth month of life.

Although the pattern and timing of crying is similar in different circumstances, there can be big differences in how much normal infants cry. As shown in the diagram, the average amount of crying is between 1 to 2 hours at the peak of crying, but some infants will cry less and some will cry more. The main point is that they all are normally developing infants.

Most estimates of Abusive Head Trauma in the US range from 32.2 cases per 100,000 for infants younger than one years of age. The number of cases for 100,000 children drops to 3.4 in the second year of age. There are AHT cases involving children up to five years old.





**WHY DO BABIES CRY?**

- Some babies cry a lot when they are:
  - Hungry
  - Wet diaper
  - Tired
  - Just want to be held/cuddled
- Some babies cry because they have "colic"
- Sometimes we don't know why... that's what babies do.

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## DISCUSSION:

Episodes of crying for more than three hours a day without a physical cause is called colic.

Fussiness or colic (inconsolable crying) typically starts a few weeks after birth and improving by age 3 months.

While crying spells often peak at 6-8 weeks, most babies cry less after that time. If you're concerned about the crying, contact the baby's health care provider.

We refer to this time in a baby's life when they have episodes of crying as the "Period of PURPLE Crying". This is not because the baby turns blue while crying. The acronym is meaningful way to describe the normal phase that parents and their babies are going through.

The letters in PURPLE stand for:

- P = Peak of crying
- U = Unexpected
- R = Resists soothing
- P = Pain like face
- L = Long lasting
- E = Evening

We encourage you to visit [www.purplecrying.info](http://www.purplecrying.info) for more information.



BASIC NEEDS

Babies have basic needs and all you need to do is...

- Feed the baby
- Burp the baby
- Change the diaper
- Make sure clothing isn't too tight
- Make sure baby isn't too hot or cold
- Hold, cuddle, talk gently or sing to baby

BUT...sometimes that isn't enough





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## DISCUSSION:

Would you know what to do next?

Crying is how babies and toddlers communicate their needs. To help you handle the tears keep the word HALT in mind. Consider what your baby/toddler could be thinking about.

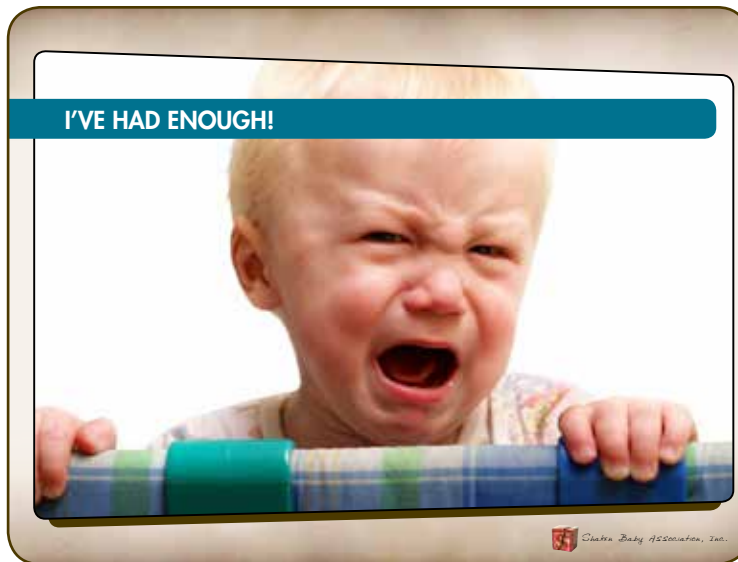
**H = HUNGER** Some babies become frantic when hunger strikes. Be prepared and respond to early signs of hunger. If breast-feeding, the flavor of the milk may change in response to what you eat and drink.

**A = ANGRY OR FRUSTRATED** For most babies, sucking on a pacifier or his/her thumb may be a comforting activity. Toddlers are more active and trying to get their way or simply being bored may result in anger. Just like adults learn ways to deal with anger, babies should be shown too. Using a soothing voice and not engaging in the baby's/toddler's anger will help disfuse the situation.

**L = LONELY** Sometimes babies simply need to see you; hear your voice; or being cuddles will stop these tears. Calmly hold the baby/toddler on your chest to comfort them. Also times the tone and reading a book will change their mood – and yours too.

**T = TIRED** Tired babies are often fussy and your baby may need more sleep than you think. Newborns often sleep up to 16 hours a day.





## DISCUSSION:

Too much noise, movement or over stimulation can drive your baby to cry. If so, move to a calmer room or place your baby in their crib. Keeping your baby on a schedule can help too.

Using a white noise machine or playing a CD with recordings of ocean waves, for example, may be soothing for both the baby and parent. Other parents report the sound of an electric fan or vacuum helps relax the baby.





Once you know the baby isn't hungry, wet or ill the best thing to do is place the baby in a safe place and walk into another room. If you have tried everything call someone.

1. **Swaddling:** Wrapping makes your baby feel magically returned to the womb and it will keep your baby from flailing his/her arms. If not done correctly, the baby may cry even harder. Remember to swaddle snugly. Loose blankets may be a choking risk. Also, don't overheat your baby. (Babies should never be sweaty and flushed.)
2. **Side/Stomach:** Newborns are easier to calm when they're lying on their side or stomach. This triggers the calming reflex by imitating your baby's position in the uterus. Lying a baby on his/her back can sometimes trigger a falling reflex and make your baby feel insecure. Keep in mind the side/stomach position is great for calming crying, but babies should only sleep on their backs.
3. **Shhhh:** "Shhhh"ing your baby imitates the sound he/she heard in your uterus, which was as loud as a vacuum cleaner. Place your mouth two to four inches from your baby's ear and make the "shhhh" sound. It must be loud enough to match the sound of your baby's crying, or he/she won't hear it.
4. **Swinging:** Rhythmic moving imitates the jiggling your baby felt inside the uterus and activates the calming reflex. Ways to use motion are: baby slings and carriers, dancing, infant swings, rocking, car rides, bouncy seats.
5. **Sucking:** Putting a pacifier, finger or breast into a baby's mouth satisfies hunger and turns on the calming reflex.

For more information about techniques for calming crying babies, go to [www.thehappiestbaby.com](http://www.thehappiestbaby.com)





Play "Meet Michael" audio

## DISCUSSION:

When a baby is shaken, the most serious effect is on the brain, but sometimes bones in the ribs, arms or legs will also be broken. Many babies have injuries to their brains without having broken bones. Sometimes there will be bruising to the baby's head but most often there won't be any external signs that the baby was shaken. Most of the damage will be to the baby's brain.



#### OTHER SIGNS THAT A BABY HAS BEEN SHAKEN ARE:

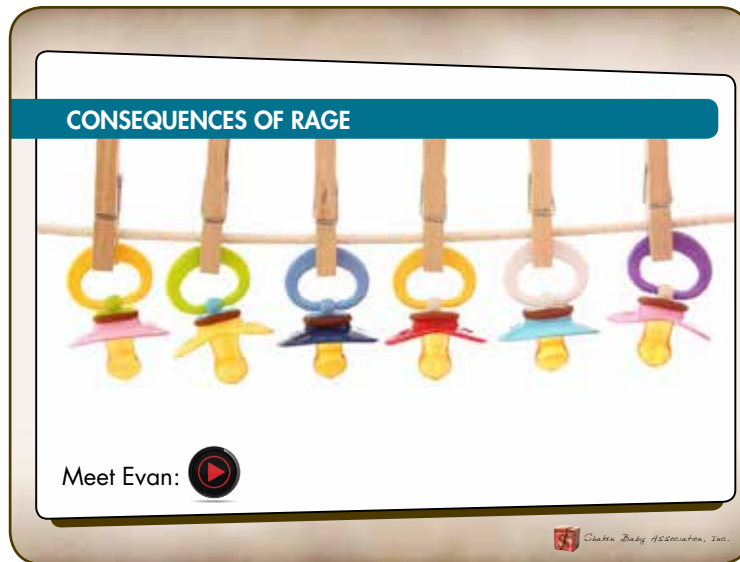
- Crying that sounds different from the babies usual cry, often a high pitched cry or crying at times that the baby is usually calm
- Sleepiness when the baby is usually awake
- Vomitting or refusing to eat
- Pale or bluish skin
- Not breathing or having a hard time breathing
- Unconsciousness

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#### DISCUSSION:

In most cases there won't be external signs on the head that the infant was shaken. Please remember that these are important signs to watch for in an infant, but they do not necessarily mean that the baby has been shaken. Even doctors often miss the diagnosis of SBS when the baby is first seen with one of these symptoms. Other illnesses can also cause many of these symptoms. If you notice any of these signs or anything else that seems unusual, don't be afraid to seek medical help immediately and report what you have observed. Survival chances increase with prompt medical attention.





## DISCUSSION:

We are about to see a story called "Consequence of Rage – a real story focused on the life of a SBS survivor".

Interviews with the mother and father of SBS survivor carried the message of devastating long term consequences of SBS.

Both parents said they believe that if the long-term consequences of shaking or abusing a baby are shared, people will think twice before letting their frustration get the best of them.

Play "Meet Evan" video

## DISCUSSION:

- When you think of the kind of person who would shake a baby, who do you think of?
- Do you think people who shake babies plan to injure the child or do you think they lose control?
- Do you think that most people who shake babies or young children have warm feelings or love the baby?





**RISK FACTORS**

- Young people in their late teens or early 20s
- People who have little experience with babies
- Individuals who abuse drugs or alcohol
- People who are experiencing mental illness
- When an individual is under high stress, they are more likely to lose control and harm a child
- People who have not developed the skills to control anger

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## DISCUSSION:

Everyone gets angry but most people find a way to resolve it without abusing a child.

According to a study “Abusive Head Trauma in Young Children” by Doctors Salassie, Borg, Busch and Russell, most studies report a higher risk of AHT in males than females, blacks than whites, and families with low incomes. However, we’ve seen victims in all communities with children of all races and financial situations. Why? STRESS causes anger.

Other risk factors:

- Loss of job and lack of financial resources
- Poor social and/or support
- Unstable housing situation
- Single parenthood
- Mental health issues
- Relationship issues
- Overwhelmed (work, school, care-giving or just tired)
- Chronic illness




**HOW DO WE STOP THIS**

- Stress factors
  - Major life changes (illness, change of homes/school)
  - Physical changes (heat, over crowded, noise)
  - Social Interaction (bullied or lack of friends)
  - Behaviors (drinking/drugs, lack of sleep)
  - Daily hassles (homework, no money, over scheduled)
  - Negative Feelings (taking things personally)
  - TV/computer games (violent shows/games)





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**DISCUSSION:**

Stress is an unavoidable part of life. We experience it in varying forms and degrees every day. The stress you experience is not necessarily harmful. In small doses, stress can actually be beneficial to us. Stress can help compel us to action; it can result in a new awareness and an exciting new perspective. It is only when the stress becomes too great, affecting our physical or mental functioning, that it becomes a problem.

**DISCUSSION:**

- What causes you stress? What are your stressors?
- What makes them angry?
- What are some ways you can manage your stress in a healthy way?

Have a plan. Now is a good time to develop a plan to keep your baby safe. Use the hand-out **“My Personal Calming Plan”** and post it in a place where you see it often.

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Play "Meet Megan" video

## DISCUSSION:

Shaking a baby can have extremely serious results. About one of every four victims of Shaken Baby Syndrome dies.


According to a report published in *Pediatric Emergency Care* (Vol 29, March 2013) the US Department of Health and Human Services indicated 1,740 child fatalities are a result of abuse in 2008 with 74.8 occurring in those younger than 3 years. Shaken Baby Syndrome is the leading type of intensional injury to infants.



### LIFE-LONG EXPENSES

In the first year, should the baby survive, medical bills alone cost more than \$1 million. Multiply that over a lifetime of medical care the child will require.

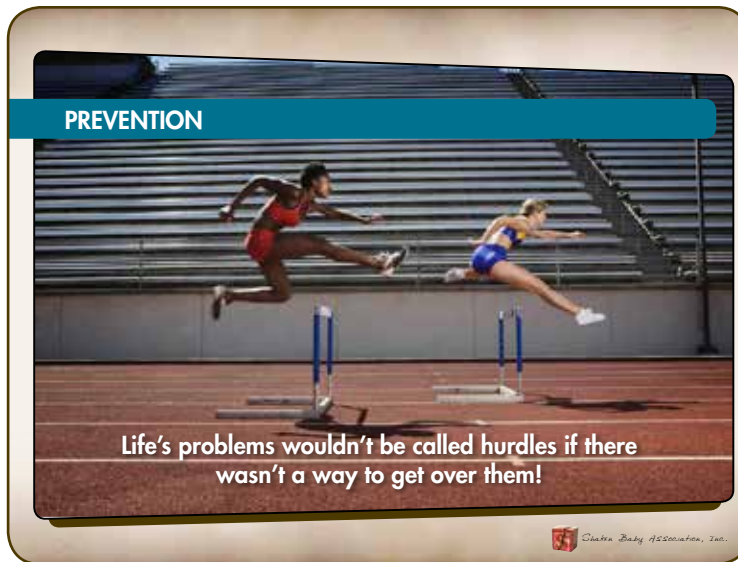


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### DISCUSSION:

Even SBS babies who seem okay when they are released from the hospital may have problems later on such as learning and attention difficulty in school. Many deal with motor and visual deficits, epilepsy, cerebral palsy, speech, language and behavior problems. The majority of SBS survivors suffer from significant physical disabilities and neurological impairment.





## DISCUSSION:

Rage and acting out anger has consequences.

Besides the emotional price of having a baby shaken, what are the other costs? We talked a little about the medical expenses over \$1 million but these medical expenses don't begin to capture the cost to society for each life tragically altered as a result of Shaken Baby Syndrome.

Consider the costs to:

- Prosecute and incarcerate perpetrators
- Provide expert care for survivor
- Lost pay for caregivers to take off work for doctors appointments
- Cost of special education instruction and equipment in schools

Abusers rarely pay these costs. Who do you think pays these bills?  
(victims families, tax payers, insurance companies)





## DISCUSSION:

Before you begin care of a child, either your own baby or someone else's baby, make sure you are prepared. Have a plan because keeping the baby safe is the most important role you can have.

- How comfortable do you feel caring for your baby?
- Have you asked for help when you don't understand your babies development?
- Do you think asking for help is a sign of "weakness"?

## ACTION PLAN:

- Learn about age appropriate expectations through parenting classes, home visiting programs, and/or discussions with your pediatrician.
- Learn age appropriate techniques for handling stressful behavior as your baby/toddler grows.
- Observe what works to help calm your infant/child. Write this down so you will remember when you are upset (add to your **My Personal Calming Plan**)
- Share what you have learned about your child with anyone else who will be caring for your child





## DISCUSSION:

We want you to be a successful parent with a happy infant/toddler. Here's some tips to keep in mind.

- This too shall pass
- Children learn from your reactions as much as your actions. Model staying calm.
- Try to help them develop their own way to take a break when they feel upset.
- Give your toddler words to help them express their feelings. Acknowledge their feelings.
- They are not trying to get you upset. They are upset and need you to help them calm down.
- You are not a bad parent if your child has a tantrum. Tantrums happen. Stay calm and help them get calm when they are ready and there will be fewer tantrums in the future.



**HANDLING A CRYING BABY**

- Make sure baby isn't hungry, wet or ill.
- Lay the baby on his/her back in the crib.
- Walk **TEN** feet or more away.
- Slowly count to **TEN** and take **TEN** deep breaths.
- Put on music at comfortable level.
- Remove other distractions from room.
- After **TEN** minutes, check on the baby.
- **CALL SOMEONE FOR HELP**

**10**

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**DISCUSSION:** Who would you call? List 3 people they would call and keep list

Before you begin to care for a child, either your own baby or the baby of a family member or friend, make sure that you are prepared by having a plan for who you can call for help if you need it. This could be a family member, a friend, or a resource in the community.

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### PREVENTING ABUSE

Everyone who comes into contact with young, pre-cruising infants has an important role to play in preventing abuse.

Bruises are expected when a baby starts to walk and fall. If they have a bruise, which many do not, the bruises typically occur on the front of the body such as the forehead and shins.



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Child maltreatment remains an important problem in the United States, according to a report sponsored by the US Department of Health and Human Services. Overall, there were 3.3 million referrals to child protective services across the United States in 2010. A total of 60% of these referrals prompted formal investigations, and more than 400,000 cases of child maltreatment were substantiated.

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### NO BRUISING BEFORE CRUISING

- Cruising is a developmental stage of pulling to a stand and taking steps while holding onto something
- Infants who aren't cruising shouldn't be bruising! It is harder to bruise a baby than an older child



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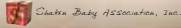
According to a study by Puget Sound Pediatric Research Network, bruises are rare in normal infants and pre-cruisers and become common among cruisers and walkers. Bruises in infants younger than 9 months and who are not yet beginning to ambulate should lead to consideration of abuse or illness. Bruises in toddlers that are located in atypical areas, such as the trunk, hands, or buttocks, should prompt similar concerns.

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**INJURY A WARNING SIGN?**

- Any small injury, other than a scratch, such as a bruise or sore in the infant's mouth who can't cruise is a Sentinel injury. **This is a warning sign**
- The bruise or other injury can be an indication of:
  - A medical problem such as a bleeding disorder
  - Accidental injury
  - Child physical abuse

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In more than two decades, Dr. Lynn Sheets, Medical Director of Child Advocacy and Protection Services at Children's Hospital of Wisconsin has noticed a trend.

Often, when a seriously abused child arrives, perhaps with broken bones or head trauma, she looks back at medical records and finds that the same child often sustained minor bruises as an infant. Colleagues around the country noticed the same thing. "There are many cases where a child would have, say, a bruise on his cheek and the mother would say, It's from bumping into a pacifier. Then several weeks later, that child would come in having been beaten or slammed or even killed.

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**INVOLVE THE PROFESSIONALS**

**Key Message:** A Sentinel “warning” injury should be evaluated by a medical professional even if someone caring for the child has offered an explanation for the injury.



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Researchers conducted a case-controlled, retrospective study of 401 infants younger than 12 months of age who had been evaluated for abuse at the Children’s Hospital of Wisconsin between March 2001 and October 2011. The infants were classified by the hospital’s Child Protection Team to have definite signs of abuse, intermediate signs of abuse, or no signs of abuse.

The researchers defined a sentinel injury as a previous injury, reported in the child’s medical history, that was suspicious for abuse either because the infant was not yet crawling, able to pull to a stand, or walking or because the caregivers’ explanation for the cause of the injury was implausible. The investigators say that of the 200 infants who had definitely been abused, 27.5% had a previous sentinel injury. That was compared with only 8% of the 100 infants with intermediate concern for abuse.

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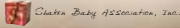


**SHOULD I CALL SOMEONE?**

Contact Social Services  
<http://dcf.wisconsin.gov/Children/CPS>

Depending on the severity of the abuse and immediate risk of harm, Child Protective Services will decide an appropriate response time or notify authorities.

Call the police using either 911 or calling the non-emergency number for the city/town near-by.



If someone besides you cares for your child and you believe he/she has been injured – check it out with your doctor. **WHEN IN DOUBT – CHECK IT OUT.** See handout “Choosing Your Baby’s Caregiver Wisely”

For more information there are lots of resources including the National Center for Injury Prevention and Control Violence prevention is a major focus of the national Center for Injury Prevention and Control (Injury Center). as the lead federal agency for injury prevention and control, CDC’s Injury Center works closely with other federal agencies; national, state, and local organizations; state and local health departments; and research institutions. [www.cdc.gov/Injury](http://www.cdc.gov/Injury)

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**MAKING A DIFFERENCE**



**We wear helmets...they don't.  
NEVER SHAKE A BABY!**

Ad created by the Lancaster High School Journalism Program and Lancaster High School Football

Shaken Baby Association, Inc.

This slide shows an ad made by a high school as a public service announcement. It conveys an important message of "Never Shake A Baby!", however a helmet would not protect a baby and could cause more injuries.

**DISCUSSION:**

How can you share what you've learned with others?

Share this information with three people. Ask them if you can call them when needed.

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**HOME VISITORS AND PARENTS:**

Tell us what you thought about this program by sending us an email at [shakenbabywi@gmail.com](mailto:shakenbabywi@gmail.com)

“A single moment of uncontrolled frustration can take a life.  
A single hour of education can save one.  
Help us save lives.”

Let us know that you received our message about the tragic, often deadly problem of Abuse Head Trauma sometimes called Shaken Baby Syndrome.

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## MORE INFORMATION



*Shaken Baby Association, Inc.*

**www.shakenbaby.net**

- Founded in 1998 by parents of children who were shaken
- Non-profit organization
- Mission: To increase public awareness and share prevention strategies to eliminate SBS
- shakenbabywi@gmail.com



 Shaken Baby Association, Inc.

**“NEVER SHAKE A BABY!”**

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