



Shaken Baby Syndrome

What is Shaken Baby Syndrome?

Shaken Baby Syndrome (SBS) is the term used to describe the injuries that result from a specific form of **child abuse** – roughly shaking an infant or young child by the arms, chest, or shoulders causing the head to whiplash back and forth. The injuries that characterize a violent shaking are brain damage, bleeding around the brain, bleeding in the back of the eyes, and sometimes broken ribs or other bones.

When a baby is shaken, the head flops violently back and forth and side to side on its weak neck. Often, the baby is thrown or slammed down onto a surface at the end of the shaking. With this action, the brain is subjected to severe acceleration and deceleration forces, causing brain injury that can lead to permanent disabilities like blindness, paralysis, growth and development disabilities, mental disabilities and even death. Most often there are no marks on the outside of the baby's body.

There is general agreement that the incidence of SBS is significantly underestimated due to misdiagnoses and under-reporting. Some experts suggest that cases of SBS have been misdiagnosed as Sudden Infant Death Syndrome, birth injury, or in mild SBS cases, as a viral illness.

Who is at risk for Shaken Baby Syndrome?

Risk Factors for becoming a victim:

- The highest incidence of SBS is in babies less than a year old with 50% of victims being under six months (Ensom, 1998). Babies are at risk because a baby's head is large relative to the size of his/her body and the neck muscles are too weak to support the head.
- **Inconsolable crying or "colic"** is often identified as the trigger for a violent shaking.
- For reasons that are unclear, male children are more frequently shaken. Close to 60% of victims are boys (Douglas & Archer, 2002; King, MacKay, Sirnack, 2003).
- SBS is not confined to babies. As toddlers work towards independence in such developmental tasks as toilet training and eating, caregivers can experience difficulty remaining calm.

Risk Factors for becoming a perpetrator:

- Studies consistently show that fathers or father figures account for 60% or more of known SBS perpetrators (Dias & Barthauer, 2002). A Canadian study found as many as 72% of perpetrators to be male, almost all of whom were fathers or father figures (King et al., 2003). There may be more female perpetrators than indicated by the research, but because a woman generally has less strength than a man, these cases of SBS may be under-diagnosed.
- Most perpetrators are under 25 years of age (Ensom, 1998).
- Unrealistic expectations about infant care and inadequate knowledge of child development have been factors involved in cases of SBS (Health Canada, 2001).
- Mental illness, substance abuse, or poor impulse control are all risk factors associated with child abuse, including SBS (Health Canada, 2001).
- Individuals who have already committed violent acts, have anger management problems, or were themselves abused as children or youth are more at risk for abusing an infant or child (Ensom, 1998).
- Situational factors such as **extreme** stress and frustration can lead to an unreasoned or impulsive act such as shaking a baby (Davies & Garwood, 2001).



What can professionals do?

Know the 6 key messages for coping with infant crying and preventing SBS and discuss them with your clients:

- **Babies cry for many reasons.** Babies cry because they are hungry, need a diaper change, need to be cuddled, don't feel well or need to release tension. It is normal for a baby's crying to increase at about two weeks of age, gradually peak around two months of age, and then start to decrease about three or four months of age. **All** babies will have times when their crying is resistant to soothing.
- **It is more important to stay calm than to stop the crying.** You may be doing your best but the baby **may not be able** to stop crying.
- **It's OK to ask for help.** Sometimes, no matter what you do, you may be unable to stop the crying. Create a **crying plan** in advance to help deal with times when the crying is too much.
- **Never shake a baby for any reason.** Frustration from dealing with a crying baby is the most common reason for shaking a baby.
- **Take a break, don't shake.** If the baby is crying and you are beginning to feel frustrated, place the baby in a **safe place** and take a 15 minute break.
- **Know you can trust your baby's caregiver.** Crying can also be frustrating for the people who look after your baby. Make sure you tell your baby's caregivers:
 - It is never OK to shake a baby.
 - To follow your crying plan.

Bibliography:

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Douglas, M. & Archer, P (2002, May). The Epidemiology of Shaken Baby Syndrome Related Traumatic Brain Injury. Abstract in the *World Conference Injury Prevention and Control*.

Ensom, R. (1998). Shaken Baby Syndrome Background Information. (with video) Children's Hospital of Eastern Ontario. Supplement to *Never Shake a Baby! What Parents and Caregivers Need to Know* Video.

Health Canada (2001). *Joint Statement on Shaken Baby Syndrome*. Minister of Public Works and Government Services, Ottawa.

King, W.J., MacKay, M., & Sirnick, A., with the Canadian Shaken Baby Study Group (2003). *Shaken Baby Syndrome in Canada: clinical characteristics and outcomes of hospital cases*. *Canadian Medical Association* or its licensors. Jan. 21, 168 (2), 155-159.

FOR MORE INFORMATION ON

Shaken Baby Syndrome Prevention and Infant Crying
go to www.cryingbaby.ca



Shaking a Child is Abuse and a Criminal Act!

If you suspect a parent or caregiver is in danger of shaking or has shaken a child, it is your responsibility to notify Child Protection.

CHILD ABUSE HOTLINE 1-800-387-KIDS (5437)