

WORKING P A P E R

Preventing Child Abuse and Neglect in the United States

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If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?"

By Representative Pete Hershberger

The needless and tragic death of a young child from abuse and neglect hits the front page of the newspapers in the United States on a weekly basis. The media asks us and we ask ourselves, "Could this have been prevented? Why wasn't this prevented?" We investigate to discover whether the child and the family were known to the state agency charged with child safety and if law enforcement was involved with the family and/or the alleged perpetrator. As the news of the tragedy fades with time, a battle continues in our state capitols across the country. Who is to blame? How do we fix this system? How much will it cost? One side of the argument blames the state for not knowing or, most often, not acting to protect the child, not pulling the child out of the home and arresting those abusing parents. The other side blames the state for intruding in the lives of families and pulling the children out of their family homes and traumatizing them in a foster care system with poor outcomes.

The answers to these questions lie in balance: a professional state agency acting to protect the safety of children and respecting parental rights. This agency has well-trained, well-paid staff with proper caseloads and has the resources to provide services to children and families. Our first goal, as federal guidelines direct us, is to keep the child *safely* in the home or reunite the child when this can be done *safely*, because we know that the safest, best place for a child is a healthy intact family.

But wait ...

This is the same debate we're having across the country, and it doesn't deal with, in fact, it distracts us from addressing, the causes of abuse and neglect. It's reactive. It doesn't deal with prevention. We need more attention and resources paid to the underlying causes of abuse and neglect.

Having said this, I acknowledge that this is no small task. While not all inclusive, the list of causes of abuse and neglect includes severe poverty, substance abuse, mental illness, and violence, particularly, domestic violence. How does \$5 million a year for five years stack up against these issues? Not very well. If I were given \$500 million a year for five years I would have chosen to combat substance abuse for its devastating impact on children and families and our society as a whole. Five million dollars on the other hand requires a focused response to a recognized problem.

I have chosen prevention of shaken baby syndrome (SBS) as a specific problem. This is a problem that is 100 percent preventable, and in addressing this, we can model key components of successful prevention programming: an educational, early intervention model; the principle that science and research should inform policy; and, yes, the safest, best place for a child is a healthy intact family.

SBS is a serious form of child maltreatment involving cerebral trauma inflicted by violent shaking, often in the absence of external signs of injury, but it may be accompanied by impact injuries to the head and/or broken ribs, arms, and legs. Victims are most often in the two to nine month age range, and the shaking is usually triggered by the inconsolable crying of the victim. Most perpetrators of SBS don't intend to harm the child; they just want the crying to stop and are overcome by frustration. The three classic injuries are intracranial injuries (subdural hematoma, diffuse traumatic axonal injury, and cerebral edema), retinal hemorrhages, and skeletal injuries.

In addition to the fatal or near fatal injuries resulting from violent shaking, survivors may suffer learning disabilities or psychomotor delays that become apparent only when the child goes to school. Although the incidence of SBS is low (1,000 to 4,000 incidents of SBS are reported each year in pediatric hospitals across the country (Beardsley, 1997), the costs to the victim, family, and society are huge. Estimates of lifetime costs for survivors of SBS range from \$1 million to \$9 million (National Brain Association, 2005), with 60 percent to 70 percent of costs borne by state and/or federal agencies (Medicaid, Early Intervention Parts C and B, etc.).

I propose to use \$5 million a year for five years to saturate new parent education in hospitals and home visiting programs in states to be determined to ensure that continued, consistent parent education is always provided about the prevention of SBS. The program will be based on Never Shake a Baby Arizona and will provide (1) hospital-based education at birthing hospitals provided by trained nurses with accompanying materials and parent kits for parents of newborn babies and (2) home-based visiting programs by trained nurses, social workers, and lay health workers to at risk families of newborn babies, as determined by Early Head Start, Healthy Families, and state Medicaid eligibility, with accompanying materials and parent kits.

The Never Shake a Baby Arizona model of universal parent education is based on a program developed by pediatric neurologist Dr. Mark Dias, with research conducted in western New York state and published in *Pediatrics*, 2005. In this model, education is provided at a vulnerable time for parents (they want to be the best parents for their new baby); by an authority figure (nurse, health educator, or home visitor); and involves a social contract in which parents commit to passing on knowledge gained about the dangers of shaking infants to all who care for their child. Crying is normal infant behavior; parents (and the public) need to understand that, anticipate it, and plan to deal with it appropriately. The distinct focus of Never Shake A Baby

Arizona is on developing a nurturing relationship between parent and child, using tips for the parent for handling him or herself and the child in what may be stressful times, and passing on this information to all who care for their child. Research has shown that educating parents at the time of birth about coping with crying is the most effective way of reducing the incidence of this child maltreatment. A reduction in SBS cases of 47 percent was documented after only five years of implementing the Dias program in hospitals in western New York State (Dias, 2005). Costs for materials and coordination can be as low as \$3.25 per birth.

The program consists of nurse/health educator training, a parent education video, take-home brochures, and commitment forms. Evaluation of the consistency and effectiveness of the education is tracked on a monthly basis, and the evaluator can spot problems, indicating a lack of parent education provided. A nurse/educator training module can be used to train nurses/health educators in groups and/or in an individual online learning format. It is most attractive when participation provides continuing education units. The parent video, a 10-minute video in English and at least one other dominant language (e.g., Spanish), ideally viewed by both parents, gives critical information about SBS, what causes it, and how to use safe methods to soothe infant crying and diffuse parent frustration or panic. The take-home brochure reiterates information about SBS and the tips for calming the baby and the caregiver. It also highlights the national ChildHelp crisis line answered 24 hours a day, seven days a week by trained counselors. The commitment form requests that parents sign the commitment statement acknowledging receipt of information about SBS and commit to passing the information on to all who care for their child. The commitment form also requests that the parents fill out their plan ahead of time for how they could calm their infant and themselves, and whom they could call for advice and/or relief in stressful times. To evaluate program effectiveness and to track the number of parents

educated in each hospital and/or program each month, the commitment statement is returned to the program coordinator for entry into a database. Monthly reports are generated and returned to each hospital and/or program and reported on a Web site so all can see their own progress and others' progress in reaching the goal of educating 90 percent of all birth parents.

A key aspect of the program is the training and quality of the nurses, health educators, and social workers working with the families. As these facilitators interact with and teach new parents, they will convey the importance of the developing relationship between a parent and a child. Here we rely on what we have learned through science and research. The Center for the Developing Child at Harvard University draws together some of the top scientists and researchers in the country. It proclaims that early childhood development and brain architecture is shaped to a great extent by the interaction between genetics and early experience. Much of this experience comes from the relationship between a parent and a child.

The program to prevent Shaken Baby Syndrome can not only reduce the incidence of these tragic injuries to babies, but can foster positive environments and relationships in families for normal learning and the development of very young children, because we know that the safest, best place for a child is a healthy intact family.

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