

Testimony submitted to
the **Select Committee on Children**
for the Public Hearing, February 6, 2009
on House Bill No. 5145

“An Act Concerning Education of Students on the Prevention of Shaken Baby Syndrome”

Hon. Anthony J. Musto, Co-Chair
Hon. Diana S. Urban, Co-Chair
Select Committee on Children
Room 011, Capitol Building
Hartford, CT 06106

Chairman Musto, Chairwoman Urban and Members of the Committee:

My name is George Lithco.

My wife Peggy and I reside at 1011 Dutchess Turnpike, Poughkeepsie, New York. I am an attorney and partner in a 26 attorney law firm located in the mid-Hudson Valley.

We appreciate this opportunity to offer written testimony in support of House Bill 5415, which would make provision for education about Shaken Baby Syndrome in Connecticut schools.

Our reason for supporting this bill is very personal.

Eight years ago, our eleven-month old son, “Skipper”, was shaken by his child care provider. She was a 51 year old grandmother with four children of her own, who was also caring for her grandson and one other toddler that day.

Skipper died three days later, three weeks before his first birthday..

Since that time, we have been working to educate everyone who cares for young children about the danger of shaking children as old as 5 years of age, and ways to deal with the inevitable frustrations that are part of caring for children.

Six years ago, I offered testimony in support of House Bill 5993.

I learned about that bill because I was in Hartford on January 31, 2003 to support an initiative being undertaken by the Children’s Trust Fund to encourage hospital education programs at maternity hospitals in Connecticut. The Trust Fund initiative was based on an extraordinarily successful program developed by Dr. Mark Dias at Children’s Hospital of Buffalo.

Using a simple video and a few minutes of a nurse’s time, it offered new parents the opportunity to learn about the vulnerability of young children to head injuries, how caregivers can cope with the frustration and anger that comes when a baby cries inconsolably, and what parents can do to help protect their child from injury.

Since the program began at Buffalo area hospitals in 1998, the incidence of inflicted head injuries in the Buffalo area has dropped by 55%.

It is successful because it teaches parents simple two things: the vulnerability of their child to shaking injuries, and the opportunity that they have to help protect their child from that danger by educating - in a positive, non-accusatory manner - every caregiver who looks after their child so that they are prepared to cope with frustration.

In 2001, we worked with Vassar Brother Medical Center and other local hospitals to begin SBS education programs for new parents in the Hudson Valley. Now, a regional program at Westchester Medical Center supports education at 22 maternity hospitals in the lower Hudson Valley: with the Buffalo program, it is schedule to expand statewide this year.

So when I visited Hartford in 2003, I took advantage of that opportunity to meet Representative Mushinsky. I told her that the Trust Fund should be commended for its initiative, which was one of the first statewide efforts to teach new parents how to prevent shaken injuries.

We discussed parenting education in schools. While educating parents in the hospital to advocate for the safety of their children is the most efficient way we have available, in the short term, to get this important message to those who care for infants, there are many other caregivers who need to be educated about Shaken Baby Syndrome.

There are three reasons why students need that education:

1. Many will become parents in the future.

Schools and hospitals are the two venues most likely to reach them with this important information. We need to teach parenting education in schools because not everyone who becomes a parent seeks information. Many do not participate in prenatal or postnatal care programs. Many don't read parenting magazines. Those who need the education the most are the least likely to seek it. Schools and hospitals are the only social institutions that all parents will pass through.

2. Some are parents now.

While many teenage parents manage well, many cases of Shaken Baby Syndrome involve a perpetrator who is young, lacks experience in dealing with children, and is immature. A higher proportion of teenage parents are single mothers, and research shows that the incidence of inflicted injury is dramatically higher when unrelated males share a household with young children. Schools are an excellent opportunity to educate males about the vulnerability of children and about coping skills.

3. Many students are babysitters now. They have many reasons for babysitting. Some want to earn pocket money, some need to earn that money, and some do it because they need to care for siblings while their parents work. Some have babysitter training, but many don't.

In the last 5 years, the media has reported on several cases in which a teen-age babysitter has been accused of shaking a child in his or her care. Regardless of outcome, these cases are a tragedy for all involved. Including education about Shaken Baby Syndrome in schools will help prevent such cases

in Connecticut.

Education can also help students learn more about early childhood development and how to properly care for young children.

We have learned many lessons, large and small, that may bear on your consideration of this bill:

1. Parenting is not just "common sense." To illustrate, a simple question: when a baby has a cough or sore throat, wouldn't mixing in a little honey into warm formula help? The answer: in the last ten years, nearly 1,000 cases of botulism in infants under the age of 1 year have been linked to honey. Botulism spores are frequently present in honey, and the immune system of infants is too immature to protect them.

2. In today's society, parenting skills are not simply passed from generation to generation. Two income households, cultural mobility, the nuclear family in separate households, the need for grandparents to work, are all factors that make it difficult, if not impossible, for new parents to acquire the many mundane skills of a parent.

When we talk with parents, new and old, about the frustration of crying children that frequently is cited as the precipitating factor in shaking an infant, stories of their own frustration and uncertainty about dealing with crying are nearly universal.

One difference is that older parents are more likely to have been part of a larger family and learned about crying behavior as they grew up. They have seen how adults cope with it and realize that sometimes babies simply have to cry. Many new parents have told us that their strong feelings of frustration lead to feelings of inadequacy and failure as a parent.

It is telling that when new parents were recently surveyed about their parenting skills, nearly one-third reported concern about the adequacy of their skills. Education about the "don'ts", such as Shaken Baby Syndrome, and the "do's", such as coping skills, can help make new parents more competent and comfortable.

3. Students do understand that they need these caregiving skills. I presented information on Shaken Baby Syndrome to several parenting classes at Monroe-Woodbury High School in Orange County, one of the Hudson Valley's best high schools.

The school sent us their evaluations. The students told us they really appreciated the information. Most were unaware of the danger of shaking infants and toddlers. And they were unaware of the consequences: they were shocked to hear about a 15 year old babysitter who spent over 300 days in jail when the infant he was watching died of injuries consistent with Shaken Baby Syndrome. That teenager wasn't convicted, but he will never be the same.

Nearly half of those children regularly babysit for a child under 5. In a middle-school class, a little more than half of the students were babysitting. What truly surprised me was that about 10% of the students said they were babysitting for children under one year of age.

4. Student education can cover topics that are not comfortable.

One issue that we discovered early on is that many parents are upset or offended by the message that "you should never, ever shake your baby." There is a stigma that comes with messages couched in the language of "child abuse prevention" and those messages make it hard to learn. They also make it hard to teach.

Instead, we tell parents that this is information that you need in order to protect your baby by educating others who care for your child." Parents and caregivers want that information, and it makes an educator's job much easier.

It made the day worthwhile when I asked the last class of high school students "how many of you are willing to talk to your friends who will babysit young children this weekend about the danger of shaking?" and one young boy said that he was going to talk to his friend who would be babysitting that night.

Despite the increasing awareness of the term "Shaken Baby Syndrome", there are remarkably few community resources that address prevention, especially in terms of parenting skills. Ask a parent of a young child in your community this weekend what sort of information they have received about Shaken Baby Syndrome, and whether they've shared it with others who care for their child.

I hope you will be pleasantly surprised, but I don't expect it.

In Dutchess County, where we live, many pediatric offices were initially reluctant to provide any information on Shaken Baby Syndrome during well baby visits, although they commonly warned parents during those visits that vaccinations, teething and colic can lead to periods of crying and irritability.

However, once our community hospitals began education programs, the pediatric offices told us it was easier to join that effort. Education in schools can have the beneficial impact on pediatric offices and health care providers in the community.

5. I encourage you to act favorably on the amendment that would allow flexibility in how these materials are presented, so that the curriculum and materials appropriately address local concerns and optimally engage local resources.

For example, the Board of Regents in New York now requires that local school districts provide 10 weeks of parenting education to students before they graduate. The actual content of the program is developed by local districts, who may utilize resources made available by the State Department of Education and others as appropriate to meet the needs of the district's students.

The Association of NYS Family and Consumer Educators has been very supportive, and most FCS educators have successfully incorporated SBS education into their parenting programs in middle-schools and high-schools without difficulty. In other districts, Health educators incorporate the information in their classes.

I hope that the Committee will give favorable recommendation to HB 5145 and recommend its adoption. Connecticut will be in good company: since 2006, New York, Illinois and Wisconsin have adopted legislation to encourage or require SBS education in schools. Legislation that requires hospitals to provide educational opportunities to new parents has been adopted in eleven states.

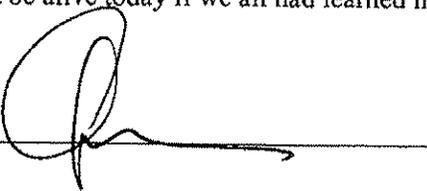
We would be glad to answer any questions you have, but if the members of the Committee have any doubt about the need for educating students about this and other important parenting skills, I urge you to take testimony from new parents. It may have to be presented to you by video or telephone, because they are bound up in the lives of their children.

But that is the single point when they can best inform you about the reality of becoming a parents, about the skills that they have and those that they lack. And they can tell you about the moments of frustration and anger.

Listen to those voices. They will tell you that this is a necessary thing.

And please listen too to the voices you will not hear.

The silent voices of children like my son, who might be alive today if we all had learned in school about the danger of shaking young children.

A handwritten signature in black ink, consisting of a large, stylized initial 'P' followed by a horizontal line that ends in a small arrowhead pointing to the right.